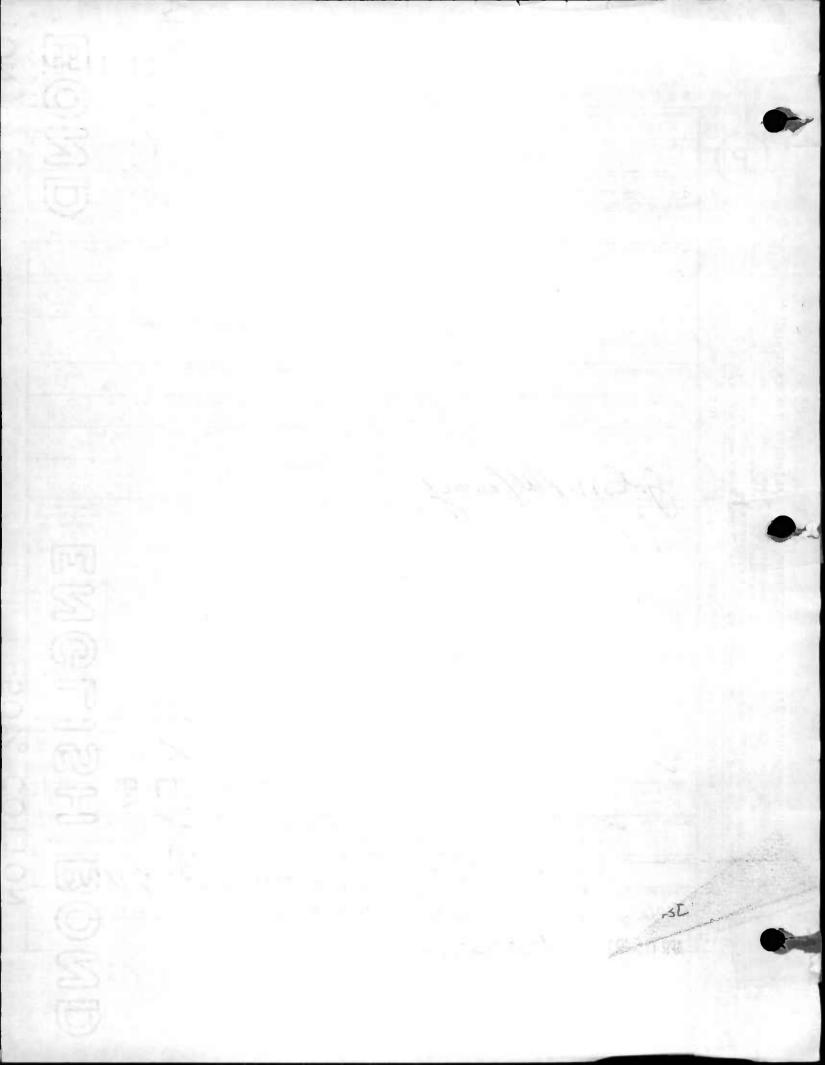
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I: The law requir	cate has been state Dent of H	Item 23 show
SICIAN: The law requir	certificate has been si	, or Item 23 show
PHYSICIAN: The law requir	this certificate has been six with the State Dent of H.	arked, or Item 23 show
IDING PHYSICIAN: The law requir	After this certificate has been sideath with the State Dent of H.	s marked, or Item 23 show
ATTENDING PHYSICIAN: The law requir	CTOR: After this certificate has been sight after death with the State Dent of Hi	28 is marked, or Item 23 shown
OR ATTENDING PHYSICIAN: The law requir	DIRECTOR: After this certificate has been since after death with the State Dent of H.	Item 28 is marked, or Item 23 show
PITAL OR ATTENDING PHYSICIAN: The law requir	ERAL DIRECTOR: After this certificate has been significant bear of H.	T. If Item 28 is marked, or Item 23 shown
HOSPITAL OR ATTENDING PHYSICIAN: The law requir	FUNERAL DIRECTOR: After this certificate has been significantly and the State Dent of H.	TANT: If Item 28 is marked, or Item 23 shown
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detach to find within 70 hours after death with the State Perr of Heath, and Mental Hociene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	- SIAIL	STATE OF MARYLA						1 11001
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) HAROLD ERN	EST	R	JALL	DEATH	REG. NO 2. DATE OF OEATH MONTH DATE OF OEATH A PRIL 3	AV VE	3. TIME OF CEATH 2040 M
	213-16-4317	∑ M 2 □ F	yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Morth, Day, Year) SEPT. 18, 1		BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	9a. FACILITY NAME (If not institution, give stree PENINSULA GENERAL H RESIDENCE OF DECEDENT			96. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH COMICO
DIRECTOR		MICO	10c. CIT	y, town or locat DELMAR	ON			10d. INSIDE CITY LIMITS? 1 ☐ YES XX NO
BY FUNERAL	BOX 284 MALLARD DRIVE 21875						Ľ.	USA
	11. MARITAL STATUS 1 Never Merried 2 XXMerried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XX YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 13. Widowed 4 Divorced 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)							RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 1 1 YEARS	npleted) College (1-4 or 5+) NO	16e. DECEDENT'S (Give kind of a life. Do NOT us	Marcon.	N at of working	16b. KIND OF BU	AD COM	
BE COM	17. FATHER'S NAME (First, Middle, Last) ERNEST ALBE		IALL		18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	ANIEL
TO B	190. INFORMANT'S NAME (Type/Print) PANSY E. RIALL-WIE	'E				DELMAR, M		875
	20a, METHOD OF DISPOSITION 4/5/ 1 Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of Ce		of disposition of other place! MEMORIAI	PARK	SAL	ISBURY	or Town, Blate, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Helfour	4			RAL HOME,P RD, SALIS		MD 21801
	23. PART I. Enter the diseasee, or cor shock, or heart fallure. Lie IMMEDIATE CAUSE (Finel	nplications that caused it only one cause on ex	he deeth. Do r ch line.	not anter the mo	de of dying, suci	h as cerdiac or reep	iretory errest	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	SONSEQUENCE OF	F):				1021
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF	F):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE O	f):				
	PART II. Other significant conditions	contributing to deeth bu	t not resulting	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL	-					1 □ YES :	2 MO	OF DEATH? 1 YES 2 NO
PHYSICIAN:		IOSPITAL:	tient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che	eck only one) 6 Other (Specify)	-	
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT RK? (ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm,	street, factory, offic		281. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
COMPLETED	one)	AN: To the best of my knowle On the basic of examination						ause(e) and manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON/WHO	mark	1		29c. LICENSE NUM D 3470		29d. DATE S	IGNED (Month, Day, Year)

DR.

#8101

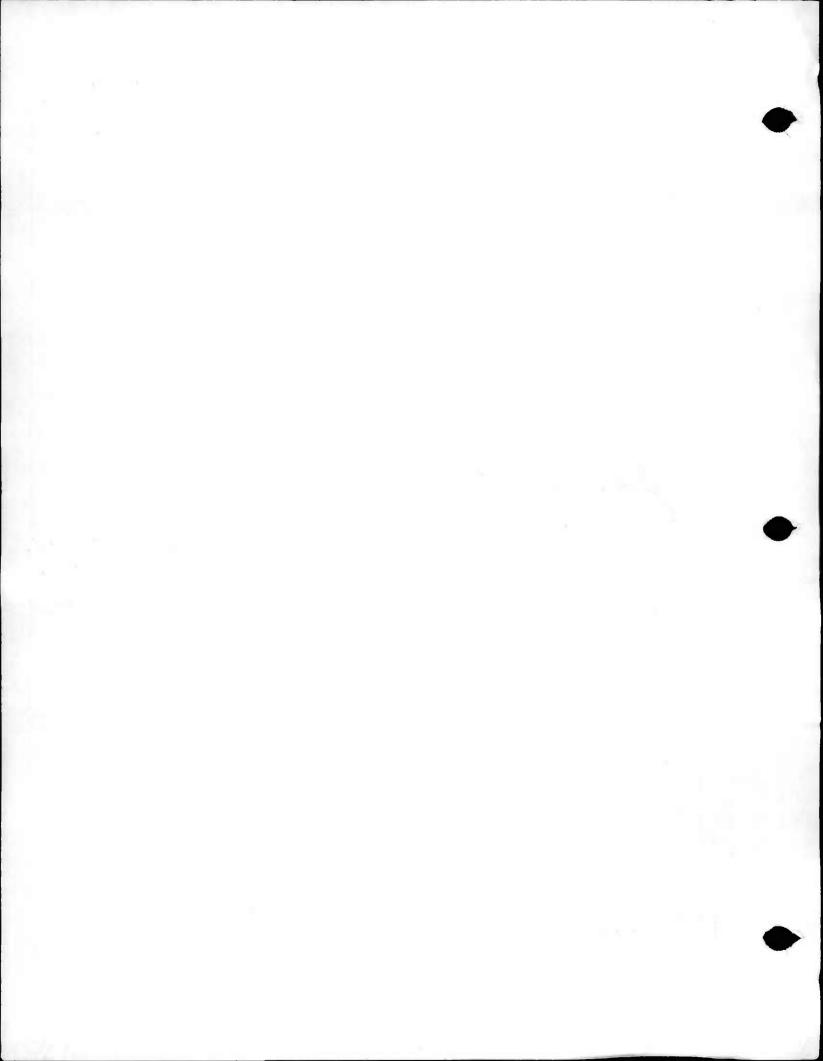


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0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has flad within 72 hours after health with the State Dent. of Health and Mental Hodiene prior to burial, cremation, or removal.	LAPORTAINT If the 28 is marked or liem 23 shows any injury or other traumatic event, the medical examiner must be no
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the substitution of the	22	3

31. DATE FILED (Month, Day, Year)
APR 0 3 91

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	9 1	11002		
	1. DECEDENT'S NAME (First, Middle, Lest) Matilda ANN	N Ruar	cle			2. DATE OF DEATH	Y YEAR			
1			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTTH	1 91	2: 20 pm		
	The state of the s		93 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) FEB. 21,	Cou	ARYLAND 5		
1-	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH		
l E	BERLIN NURSING H	HOME		BEF	RLIN	WORCESTER				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND WIC	COMICO	10c. CIT	Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	JOMICO		SALISBU	ZIP CODE		10g. CITIZEN O	1 X YES 2 NO		
FUNERAL		- 615			2180	1		USA		
I E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO			IIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No- 14. R/	ACE — American Indian, ack, Whita, atc.		
B	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗆 YES	2 X NO Specify		Sp	WHITE		
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give kind of s	USUAL OCCUPATION work done during mo	ON at of working	16b. KIND OF BUS	SINESS/INDUSTRY	′		
7	Elementary/Secondary (0-12) 6 YEARS	Collega (1-4 or 5+)	iile. Do NOT us HOII	SEWIFE			HOME			
completed	17. FATHER'S NAME (First, Middle, Last)			OBWIT D	18. MOTHER'S NAI	ME (First, Middle, Maiden				
e	THOMAS (ur	ık) F(OOKS		CAROLIN	E (unk) Route Number, City or Tow		AVERS		
TO BE	ANNA MARIE HILL-	DAUGHTER				SALISBURY,				
שתפנ מפ	20a. METHOD QE DISPOSITION 4/2/ 1 Burial 2 \(\hat{\Delta}\) Cremation 3 \(\hat{\Delta}\) Ramon 4 \(\hat{\Delta}\) Donation 5 \(\hat{\Delta}\) Other (Specify)	9 20b. val from Stata S/		SITION (Name of cer CREMATO	metery, crematory or		ISBURY,	· ·		
	21, SIGNATURE OF FUNERAL SERVICE LICE	4		22. NAME AI	ND ADDRESS OF FA	CILITY		, 110		
ехашиве	· 406m.1	40 Clowe	w			RAL HOME, F RD, SALIS		ID 21801		
medical	23. PART . Enter the diseeses, or co shock, or heart fellure. L	omplications that caused lat only one cause on of	the death. Do r	not enter the mo	de of dying, suci	h ea cardiac or reepi	ratory arrest,	Approximete interval Between		
9	IMMEDIATE CAUSE (Final disease or condition	BC	, 10	Kul	noul	2/14	,	Onset end Daath		
event,	resulting in desth)	DUE TO (OR AS A	CONSEQUENCE O	F):	13/10/	$n \mid n$	/	10mg		
	Sequentially list conditions,	THE TO TOP AS A	UD,		14,			74,		
TAT!	if any, leeding to immediate ceuse. Enter UNDERLYING	C 6 /	ve her	a	Lan	de		700		
certification	CAUSE (Disease or injury									
	that initiated evente	DUE TO (OR AS A	CONSEQUENCE O	F):	,			1/25		
CER C	that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F): '	•					
AL CEF			49.	e —	•			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
any inju	reaulting in death) LAST		49.	e —	•	Part I. 24a. WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
any inju	reaulting in death) LAST		49.	e —	•	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
any inju	reaulting in death) LAST		49.	In the underlyin	•	Part I. 24e. WAS AM PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
any inju	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ut not reculting	In the underlyin 26. P OTHER: 4 E Nursing Hon	g ceuse given in	Part I. 24s. WAS AN PERFOI 1 YES :	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
any inju	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	e contributing to deeth but	ut not resulting	26. P. OTCHER: 4 ENursing Hon AE OF 28c. IN. WWY	g ceuse given in	Part I. 24s. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
any inju	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inputent 2 ER/Outp	ut not resulting	26. Pl OTHER: 4 © Nursing Hon E OF URY M 1	g ceuse given in LACE OF DEATH (Ch ne 5 Rasidence JURY AT YES 2 NO	Part I. 24s. WAS AN PERFOI 1 YES :	NJURY OCCUREE	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
any inju	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	ut not resulting	26. Pl OTHER: 4 © Nursing Hon E OF 28c. IN, JURY M 1 street, factory, office	g ceuse given in LACE OF DEATH (Ch ne 5 Rasidence JURY AT NES 2 NO	Part I. 24e. WAS AN PERFOIL 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW (City or Town, State)	NJURY OCCURED	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
any inju	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Specific CIAN: To the best of my knowless.)	ut not resulting	26. Pl OTHER: 4 © Nursing Hon E OF 28c. IN, JURY M 1 street, factory, office	g ceuse given in LACE OF DEATH (Ch ne 5 Raeldence JURY AT 7RK7 YES 2 NO ce a and place, and dua death occured at the	Part I. 24e. WAS AN PERFOIL 1 VES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, State, it to the cause(a) and mature, data and place, and	NJURY OCCURED and Number or Ru nner as stated. and dus to the cause	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ral Route Number, see(a) and manner as stated. NED (Month, Day, Year)		
m 28 is marked, or item 23 shows any inju ETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: Impatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, atc. (Special Control of the best of my know! R: On the best of axamination	ut not resulting ut not resulting ut not resulting about 3 DOA 2ab. Tih iN. — At home, farm, in//) ledge, death occurring and/or investigation	26. P. OTHER: 4 E-Muraing Hon AE OF 28c. IN. WY M 1 1 street, factory, office	g ceuse given in LACE OF DEATH (Ch ne 5 Raeldence JURY AT 7PK7 7YES 2 NO ce	Part I. 24e. WAS AN PERFOIL 1 VES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, State, it to the cause(a) and mature, data and place, and	NJURY OCCURED and Number or Ru	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ral Route Number, see(a) and manner as stated. NED (Month, Day, Year)		

32. REGISTRAR'S SIGNATURE
Lika Davidon Rando 102



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit. Pages 1, 2, 3 sh be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettined at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
APR 0 3 91

TO BE COMPLETED BY FUNERAL DIRECTOR

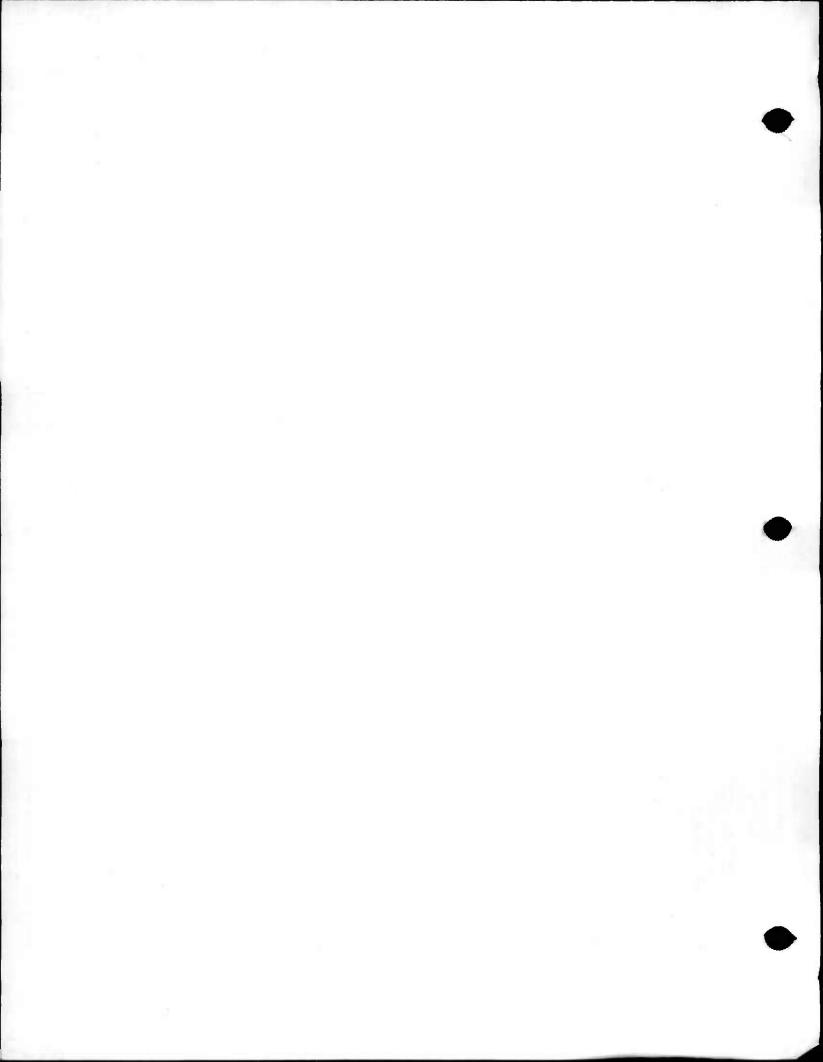
OUISE RICHAR	DSON												9 1	11	00	3
FOR 1 - STATE REGISTRAR		STATE OF I	//ARYL			MENT 0				MENTAL	HYGIEN					
1. DECEDENT'S NAME (First	, Middle, Last)										OF DEATH			3. TIME	OF DEATH	
LOUISE	M	AMMIE]	RICHA	ARDSO	N				MONTH 4	D.		YEAR	12.	15	Рм
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (in yrs. last i	birthday)	IF UNDER 1 YE	EAR	IF UNDER 2	4 HRS.	7. DATE	OF BIRTH	-	8. BIRT	HPLACE (S	ate or Fore	
219-05-9356		1 M 2 X F		85	YRS.	MONTHS D	AYS F	HOURS	MIN.	OCT.	5, 19	05	Coun M.	ARYLA	ND	
9a. FACILITY NAME (If not in		treet and number)				9b. CITY, TO	WN OR	LOCATIO	N OF O		-,		JNTY OF			
												WITC	OMIC	70		
SALISBURY I	NURSIN	G HOME				SALIS	BUR	Y, 1	1D.			1111	COLIT			
10a. STATE	10b. COUNT				10c. CITY	TOWN OR L	OCATIO	N						10d. INS	DE CITY	
MARYLAND	W	ORCESTER				EDE	N							1 TYE	S 2 💹 N	0
10e. STREET AND NUMBER							10f. Z	IP CODE				10g. CI	TIZEN OF	WHAT COU	NTRY?	
BOX 1926,	OLD FU	JRNACE RO	AD					218	22					USA		
11. MARITAL STATUS 1							ck, White, s	can Indian tc.	le .							
3XXWidowed 4 □ Dive		l												<u></u>	HITE	
15. DEC (Specify on	CEDENT'S EDU by highest grade	CATION completed)		16a. DEC	EDENT'S L	SUAL OCCU ork done during retired.)	JPATION ng most	of working	,	16b	KIND OF BU	SINESS/IN	IDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)								MEAN	DAOW	TNO			
7 YEARS		NO			EMPL	OYEE					MEAT		ING			
17. FATHER'S NAME (First, A		TOMAN		DII	CEN			CT.A			Middle, Malden	Sumame)	HAL	EC		
HILARY		ERMAN			SEY			V			unk)			ES		
MARIAN A.		EWS-NIECE	E			OLD F					oer, City or Tow N, MD	vn, State, 2 2 1 8				
20a. METHOD OF OISPOSIT	on 3 🗆 Rem	+/9] loval from State		other place	ce)	TION (Name		tery, crem	atory or					Town, State		
4 Donation 5 Other		CENCEE /	- 1	LIVE	I CE	METER		ADORES	e of F	CII ITV	1 - E	DEN,	LID			
· And	M.	Hal	bei	ral	1	HOL	LOW	AY F	UNE	RAL I	HOME,P SALIS		, MD	218	30 1	
23. PART I. Enter the deback or b	liseases, or	complications the	et caused	the gen	th. Do n	ot antar th	a mode	a of dyli	ng, suc	ch ss csn	flac or reap	olratory a	rrest,		proximat arvai Be	
IMMEDIATE CAUSE (Fi disease or condition resulting in death)		Enf	Ston	2	Con	est	re	Oh	nd	12	Thre				set and	
resulting in death)	_	DUE TO	OR ASCA	CONSEC	UENCE OF	D)										
Sequentially list condi- if any, leading to imme	diata	b. OUE TO	(OR AS A	CONSEC	UENCE OF):										
cause. Enter UNDERLY CAUSE (Diseasa or inj		C														
that initiated events resulting in death) LAS	T.	DUE IC	(OH AS A	CONSEC	UENCE OF):								i		
Todating in duality Ex		d												- i-		
PART II. Other signific	ant condition	tur; Co	death b	out not re	aulting i	n tha unda	rlying	cause g	ivan in	Part I.	24a. WAS AI PERFO	RMED?	Y 24		LE PRIOR T	o
				<u> </u>		>					Max	V		1 🗌 YE	S 2 N	0
										•						
25. WAS CASE REFERRED	TO MEDICAL						26. PLA	CE OF OI	EATH (C	heck only o	ne)					
EXAMINER?		HOSPITAL:	☐ ER/Out	petient 3	□ DOA	OTHER:	g Home	5 🗆 Re	aldence	6 🗆 Othe	er (Specify)					
27. MANNER OF DEATH		28a. OATE O	F INJURY Day, Year)		28b. TIMI	E OF 26	Bc. INJU	RY AT		28d. DE	SCRIBE HOW	INJURY O	CCURED			
4 Partural 5 2 Accident	Pending Investigation	(month),	- ay, 10m)		1143			S 2 [NO							
a Distriction	Could not be determined	28e. PLACE building	OF INJURY	f — At hor	ne, ferm, s	treet, factory	y, office			281. LOC City	Or Town, State	and Numb	per or Rura	il Route Nun	nber,	
const only		SICIAN: To the best of												a(a) and ma	nner as ea	med
				=rru/Of (I	veatigatio	, s. my opii					and piece, t					
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER /	X	MI)			29c. LICE	NSE NU	19Z		29d. D	TE SIGNI	EO (Month, I	Day, Year)	
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	JSE OF OF	EATH (ITEN	1 27) (Type,	Print)				-			1 /			

Healthway Drive, Salisbury,

1104

32 REGISTRAR'S SIGNATURE

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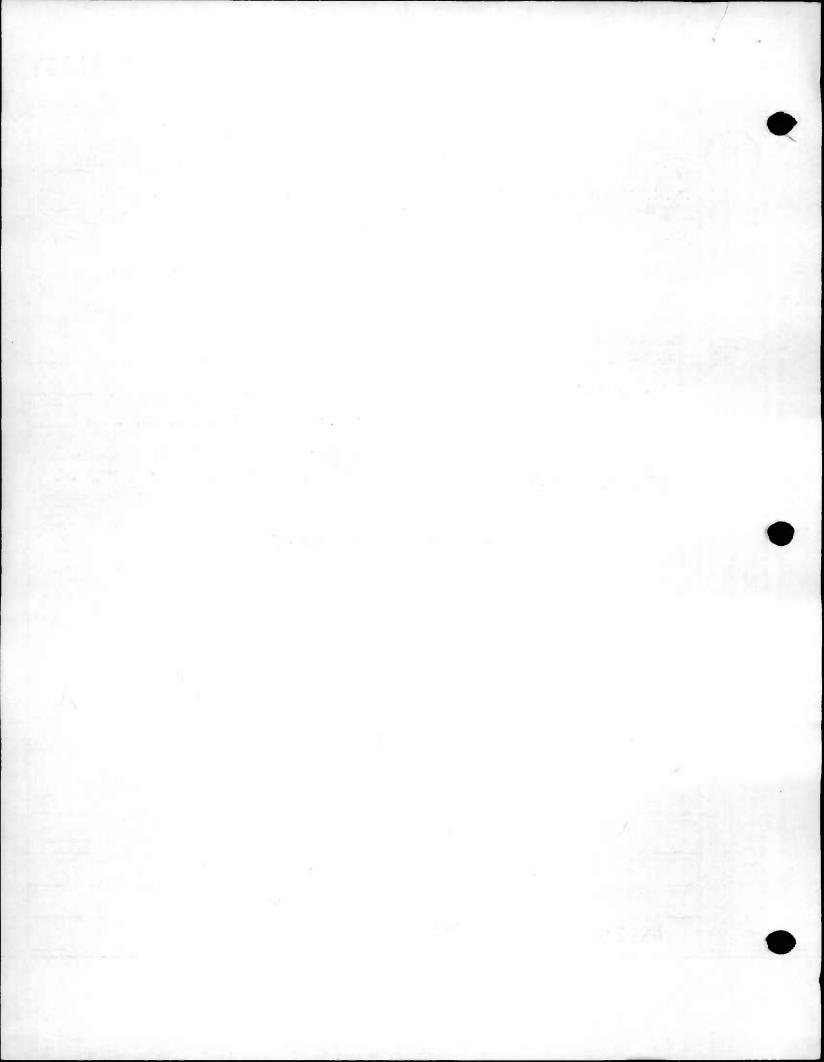
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DHMH-16 Rev 1/89

executed within HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be DIVISION

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR APRIL 10, 1991 5:30 GERTRUDE MARIE RENSCHKE 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) OCT. 20,1894 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 1 - M 2 X F 212-62-0215 96 GERMANY 9s. FACILITY NAME (if not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. MARY'S NURSING CENTER DIRECTOR ST. MARY'S LEONARDTOWN Pages 1, 2, 3 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? MD. ST. MARY'S COLTON'S POINT 1 YES 2X NO Dermit, FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE page 5 should be detached for use as the burial transit GENERAL DELIVERY 20626 U.S.A. ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: ВҰ 3 Widowed 4 Divorced WHITE ED 15. DECEOENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Ш Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 6TH. GRADE HOUSEWIFE HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ JOSEPH RENSCHKE BE SELMA TERESA HESSE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM GEORGE KAPPLER GENERAL DELIVERY, COLTON'S POINT, MD. 20626 è 20a. METHOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must the funeral director, 4 Donation 5 Other (Specify) ACRED HEART CEMETERY 4/12/91 BUSHWOOD, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 1 R Muchael m MATTINGLEY-GARDINER FUNERAL HOME, P.A. .> Tardener P.O. BOX 270, LEONARDTOWN, MARYLAND the medical 23. PART (. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, signed by the attending physician and completely filled in by in Health and Mental Hygiene prior to burial, cremation, or remo Approximete Interval Batwe shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) melac event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE of Health NO 1 YES 2 OF OFATH? 1 YES 2 700 r this certificate has been the with the State Dept. of arked, or Item 23 si PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTRER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) EXAMINER? EXAMINER? HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME/O 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED marked, Natural 2 Accident INJURY 5 Pending М 1 YES 2 NO BY After death Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 Is 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide IMPORTANT: If Item 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. FUNERAL I MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIÉR THE H THE F 29d. DATE SIGNEO (Month, Day, Year) BE 2 223 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) IV, WILLIAM D. BOYD, M.D. LEONARDTOWN, MARYLAND 20650 APR 1 2 '91 32. REGISTRAP'S SIGNATURELEDE

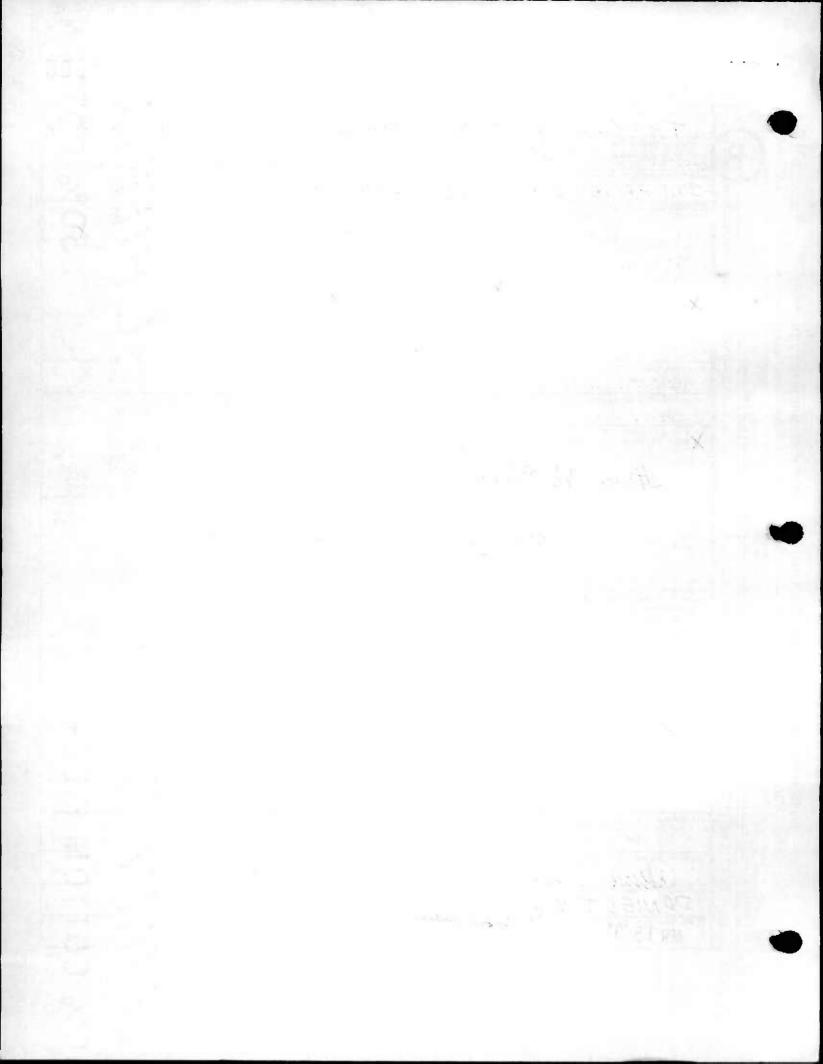


TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	S	STATE OF M		DEPART				MENTA	L HYGIENI REG. NO.	· '		11000
	1. DECEDENT'S NAME (First, M. THOM 4. SOCIAL SECURITY NUMBER	AS	WOOJ	nov	VK	AM	SE	У	MONT	- 11-	- 91	EAR	S S M
J	159-14-8316		EM 2 □ F	6. AGE (In yrs. Id		IF UNDER 1 YE		OURS MIN.	(Mon.	OF SIRTH th, Day, Year) 2-24-		Country)	ACE (State or Foreign Sylvania
1	96. FACILITY NAME (If not instit 2011 HARY RESIDENCE OF DECE	EY G	OMNE	L RI		HAA	NO OR L	STEA)			9c. COUNT		RILL
İ	10e. STATE 10	b. COUNTY		_	10c. CITY,	TOWN OR L						10	d. INSIDE CITY
	Md.	Carro	11			Ham	ipste	ead IP CODE	_		10g. CITIZE	_	YES 2 NO
	2011 Harvey							21074				USA	A
	11. MARITAL STATUS 1 Never Merried 2 Ma 3 Wildowed 4 Divorce	priled	WAS DECEDENT FORCES? 1 IF YES, GIYE W	YES 2 C	RMEO NO WW II	If yo	s, specit	DENT OF HISPAN by Cuben, Mexica NO Specifi	n, Puerto		or No—	Specify:	American Indian, /hite, atc.
	15. DECED (Specify only hi Elementery/Secondary (0-12	' l . "	DN pleted) bliege (1-4 or 5+) CEANS		ECEDENT'S UNITED FOR A CONTROL OF A CONTROL	ork done durir retired.)	IPATION ng most o	of working	16	b. KIND OF BUS Black			
	17. FATHER'S NAME (First, Midd (Unknown) I	Ramsey					10	8. MOTHER'S NA Carrie		Middle, Maiden			
	190. INFORMANT'S NAME (Types Thomas F. Rar							Number or Rural in Blvd.,				-	40
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 4 Donetion 5 Other (S)	3 - Removal	from State	other				ery, cremetory or			servi		
	21. SIGNATURE OF FUNERAL S	ERVICE LICENS	Ely,	ie				ADDRESS OF FA		Eline et, Ham			ome d. 21074
	23. PART i. Enter the dise ahock, or hea iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	asea, or com rt failure. List	plicatione that only one cause	e on each ile	ne.			of dying, auc			retory arres	it,	Approximate interval Between Onset and Deeth
	Sequentially list condition	te	A.	OR AS A CONS	フ								
	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR AS A CONS	EOUENCE OF)	:					_		
	PART II. Other aignificant	conditione co	ontributing to	deeth but not	reaulting in	the unde	rlying c	cause given in	Part i.	24e. WAS AN PERFOR	MED?	CO	PRE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
												<u>.</u>	_ 120 2 _ NO
	25. WAS CASE REFERRED TO I EXAMINER? YES 2 NO	H	OSPITAL:	ER/Outpetlant		OTHER:		5 Residence					
	27. MANNER OF OEATH 1 Neturel 5 Pe		28e. OATE OF (Month, Da	NJURY	28b. TIME	OF 28	c. INJUR WORK	Y AT		EŞCRIBE HOW II	NJURY OCCU	RED	
	3 Suicide 6 Co	uld not be lermined	28s. PLACE Of building,	INJURY At I	home, ferm, st	reet, factory,	, offica		28f. LO City	CATION (Street e y or Town, State)	nd Number of	Rurai Rou	te Number,
	10.100.101.1		t: To the best of ex										nd menner ee stated.
	29b. SIGNATURE AND TITLE O	CERTIFIE	1200	IPs.	MY		2	9c. LICENSE NUI	MBER 4 A	6	29d. DATE :	SIGNED (M	onth, Day, Year)
	DANIEL	ERSON WHO CO	OMPLETED CAUS	E OF OEATH (IT	TEM 27) (Type,	Print) D,	91	2 WE	15	HART	ON TE	RD	MA
	APR 15 91	ar)	Gills Via	A Share Chi	THE REAL PROPERTY.			N. V.	-		1		

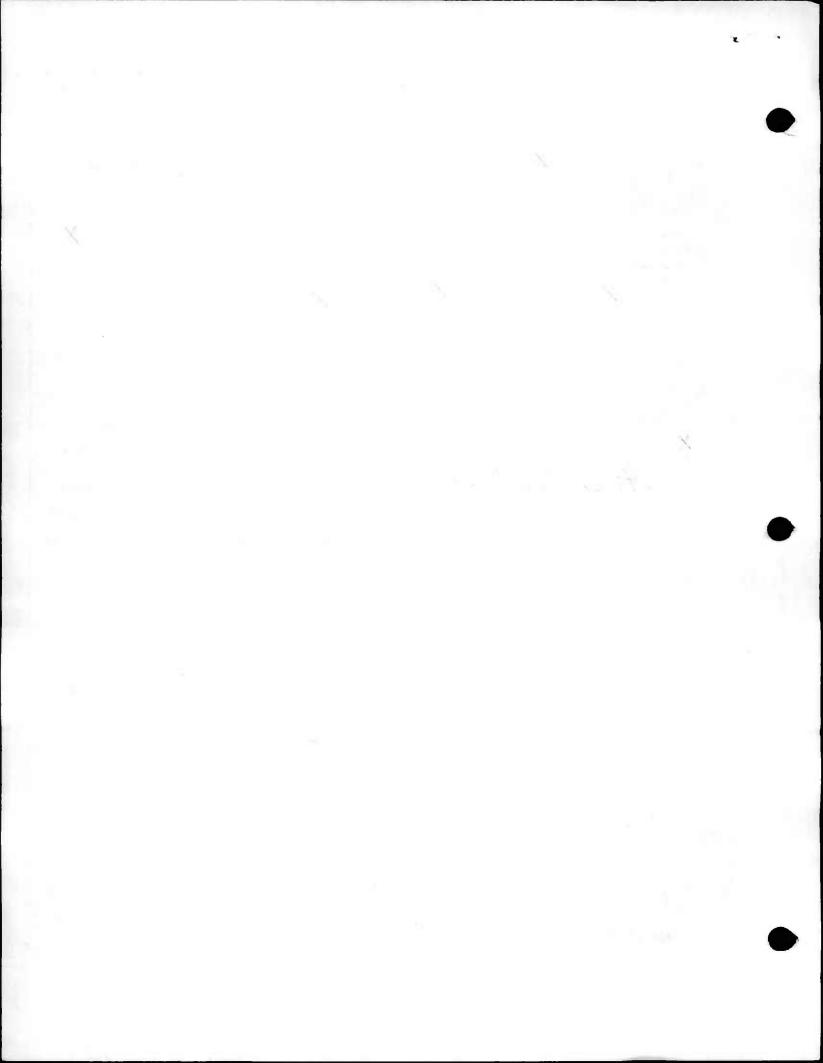


rai examiner must be notified at once. TO BE COMF	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMP
al examiner must be notified at once.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
loval,	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ifter death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hosp

	FOR 1 - STATE REGISTRAR		STATE OF N	IARYLAI	ND / DEPA Certii					ENTAL	HYGIENI REG. NO.	E 9		11006
}	1. DECEDENT'S NAME (First	t, Middle, Last)			OLITTI	IOAI		DEAT		2. DATE (OF OEATH			TIME OF DEATH
1	Milson C.	Raver,	Sr.							04	11	, 1991	YEAR	9 P M
1	4. SOCIAL SECURITY NUM		5. SEX		yrs. last birthday,	IF UNDE	R 1 YEAR	IF UNDER 2	HRS.	7. DATE C	Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
1	213-32-6886		1 M 2 🗆 F	81	YRS.					80	12 1	1909 Maryland		
-	9a. FACILITY NAME (If not in		reet and number)					r LOCATION		TH			TY OF DEAT	
DIRECTOR	2015 Emory					Ke	erste	ISLOV	MI I			Dali	imore	=
35	10a. STATE	10b. COUNTY	UNTY 10c. CITY, TOWN OR LOCATION							10-	d. INSIDE CITY			
	Md.	Balt	Baltimore Reisterstown							1 [YES 2 NO			
AL	10e. STREET AND NUMBER						101.	ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?
1 1 1	2015 Emory	Road						2113	36				USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Marriad	12. WAS DECEDEN FORCES? 1	YES	2 NO	13	WAS DEC	ENDENT OF	HISPANIC , Maxican,	ORIGIN:	(Specify Yes ican, etc.)	or No-	14. RACE — Black, W	American Indian, hite, etc.
B	3 Widowed 4 Div		IF YES, GIVE W	AR OR DAT	ES		1 TYES	2 NO	Specify:				Specify:	White
0	15. DEC	EDENT'S EDUC	CATION	1	ISa. DECEDENT	S USUAL (OCCUPATIO	N		18b.	KIND OF BUS	INESS/IND	JSTRY	
COMPLETED	(specify on Elamentary/Secondary (ly highest grade 0-12)	College (1-4 or 5 +	.)	(Give kind o life. Do NOT	work done use retired.	during mos	it of working	7					
MP		4	years		Educat	or &	Bank	er						
8	17. FATHER'S NAME (First, A										iddle, Maiden	Sumame)		
BE	Carroll G.								ce Ma					
2	19a. INFORMANT'S NAME (er, City or Town			
	Kathleen R						_			ters	town,			
	20a. METHOD OF DISPOSIT	non 3 ☐ Rame r (Specify)	oval from State		PLACE OF OISP other place) OTY UM				atory or				or Town, Md.	
	21. SIGNATURE OF PUNERA	AL SERVICE LIC	- 1 / 1	line		- 1		Mai					eral M	Home 1. 21074
	23. PART I. Enter the c shock, or h IMMEDIATE CAUSE (FI disease or condition	neert fellure.	List only one ceu	ise on eed	ch line.						lec or respi	ratory arre	et,	Approximate interval Batween Onset end Deeth
	resulting in death)	→		NEE	STIVE	<u> </u>	eul	7 7	tall	vre				10 years
_		_	DOE 10	(OH AS A C	CONSEQUENCE	OF):								i ′
CERTIFICATION	Sequentielly liet condi- if eny, leeding to imme	diete	DUE TO	(OR AS A C	CONSEQUENCE	OF):								
5	ceuse. Enter UNDERLY CAUSE (Disease or Inju		DUE TO	(OR AS A C	CONSEGUENCE	OFI:	_							
Ē	that initiated events resulting in deeth) LAS	ST		(0.1.1.0.7.1.0		. ,.								į
U			9											1
K	PART II. Other signific	ent condition	e contributing to	deeth but	t not resulting	in the u	ınderiyinç	g ceuse gi	iven in P	ert I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL										-	1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?
										- l			11	YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL					24 01	ACE OF DE	ATH (Char					
2	EXAMINER?	TO MEDICAL	HOSPITAL:	- FR/O-1	a 🗆 noa	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH		1 Inpatient 2			ME OF	28c. INJ	0 5 Ras	_		(Specify)	NJURY OCC	URED	
		Pending Investigation	(Month, E	lay, Year)	'	NJURY M		RK?						
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined		of INJURY - atc. (Specify	At homa, farm	, atreet, fa	ctory, offic	1			ATION (Street or Town, State)		or Rural Rout	e Number,
COMPLETED			CIAN: To the best of a											nd manner as stated.
BE	29b. SIGNATURE AND TITL	E OF CENTIFIE	1 //// 1	20					NSE NUMI			29d. DATE	SIGNED (M	onth, Day, Year)
일	30. NAME AND ADORESS O	OF PERSON WH	O COMPLETED CALL	SE OF DEAT	TH //TEM 273 /5/	ne Delet)							,	

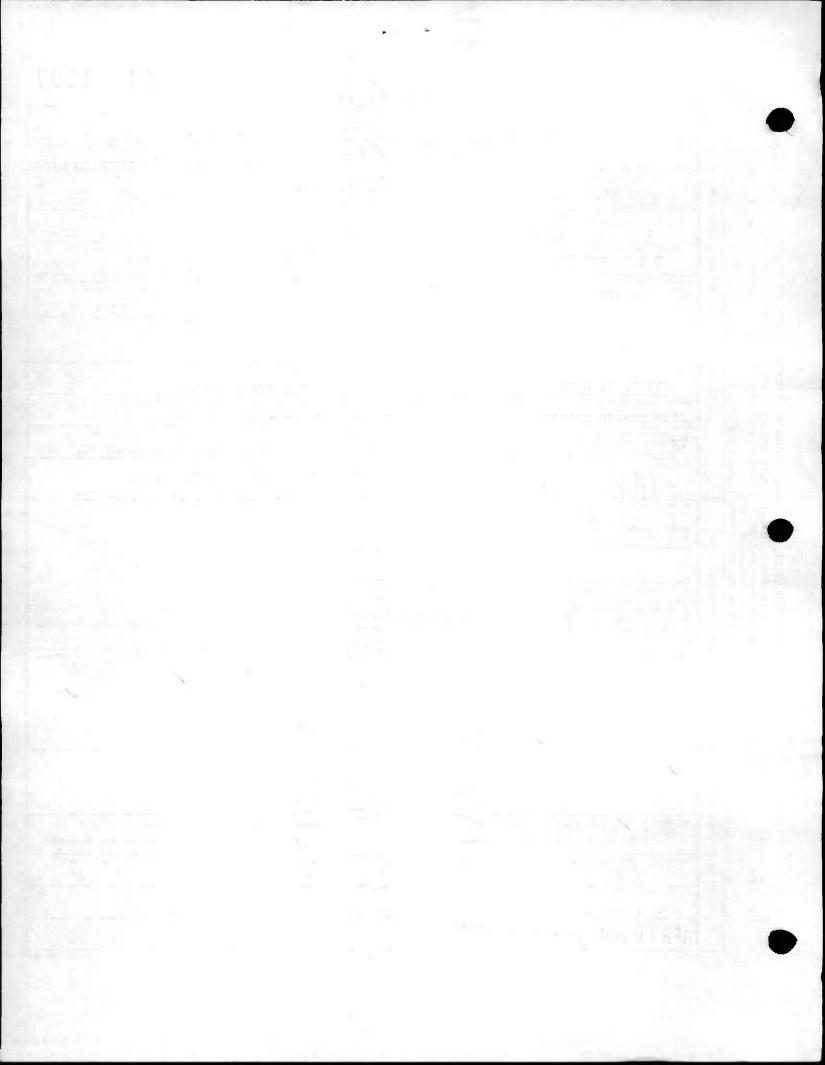
31. DATE FILED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring) (GOLDS FORM 218) CO askington Kats her Ctr. Westminster, MQ21157 Fina Devidon Kondell



BALLIMORL, MAIN LAND 21213-0020	Year Am Theylaw requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After me certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ttion, or removal,	the medical examiner must be notified at once.
DIVISION OF THE CORDS, T.O. DONOS,	TO THE HOSPITAL OR ATTENDING PRYSCING The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After me commission been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAI	R	STATE OF I	MARYLAND C				EALTH A			YGIENE EG. NO.		91	11001	
	AME (First, Middle, Lest, LL NORMA								2. DATE OF D	DAY	1991	PAR	3. TIME OF DEATH 9:05 A	
4. SOCIAL SECUR 2201666	77	5. SEX	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HOURS	HRS. MIN.	7. DATE OF BI (Month, Day, 01/29	IRTH (Year)		Countr	PLACE (State or Foreign y)	
The state of the s	D HEART HO	a tillocomonia.				R LOCATION RLAND	OF DEA	ALLEGANY COL						
SACREI RESIDENCE 10a. STATE	10b. COUN	BEDFORD		10c. CITY, TOWN OR LOCATION HYNDMAN						10d. MSIDE CIT LIMITS? 1				
10e. STREET AND				10f. ZIP CODE 1554							10g. CITI	ZEN OF W	VHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed)					yes, sp		Mexican	C ORIGIN? (Sp , Puerto Ricen		or No-	Speci	— American Indian, t, Whita, atc.	
Elementary/Sec 10 17. FATNER'S NAM	Specify only highest grad	(0	Bive kind of B. Do NOT u	S USUAL OC work done of the retired.)	luring mo	DN st of working		16b. KINI	D OF BUS	NESS/IND				
	E (First, Middle, Last)	IDV.					18. MOTNE	R'S NAM	IE (First, Middle	, Maiden S	Surname)		T. Carl	
19a INFORMANT'S	Y G. LOWE	RY	11	b. MAILING	G ADDRESS	(Street a	· · · · · · ·	_	COURT Number, Co			Code)		
JOHN ED	WARD SHAF	FER							MAN, P	•				
	DISPOSITION Cremation 3 - Rec - Other (Specify)	moval trom Stata	of cemetar	y, cremator	y or other pi	lace)	(Name	4/	DATE 10/91		ATION —			
21. SIGNATURE OF	10004 /	DKI D	\		22. I	ARVE		OF FAC	GLER F	UNER.	AL H	OME	5_0636	
iMMEDIATE CA disease Dr con recuiting in de-	st conditions, to immediate NDERLYING se or Injury events	b	(OR AS A CONSE	OUENCE O	DF):	Qu.	us		of En	ne	ST.		Onset and Death	
25. WAS CASE REEXAMINER? 1 VES 2	significent condition	ons contributing to	deeth but not	resulting	in tha un	deriyin	g cause giv	en in l		PERFORI	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REE	FERRED TO MEDICAL	HQSPITAL:			OTHER		ACE OF DEA	TN (Che	ck only one)					
1 TYES 2		1/2 Inpetient 2		3 DOA	4 🗆 Nun	ing Hon	URY AT	denca	28d. DESCRIE		HIDV OO	CURED		
1 Natural 2 Accident	5 Pending	(Month, I		IN	JURY M	WC	PRK?	NO	Zea. DEÇONE	JE 11044 III	30117 001	JONED		
O Outstale	8 Could not be determined	28e. PLACE	OF INJURY — At h , atc. (Specify)	ome, farm,	street, fact	ory, offic			281. LOCATION City or Tox		nd Number	or Rural I	Route Number,	
4 Homicide 29e. CERTIFIER (Check only one)		SICIAN: To the best o											a) and manner as stated.	
29b. SIGNATURE	MD TITLE OF CERTIF	IER //	7				29c, LICEN	SE NUM	BER	- 1	29d, DAT	~1 .	(Month, Day, Year)	
	2)	11 coch	1				D11	443			> 9	1-8	9/	
DR. WA	YNE C. SP	IGGLE, M.	D., BMG			ON 1	ORIVE,	CU	MBERLA	AND,	MD 2	1502		
APR 1 0	1991 " gum	32. AEGISTA	R'S SIGNATURE											



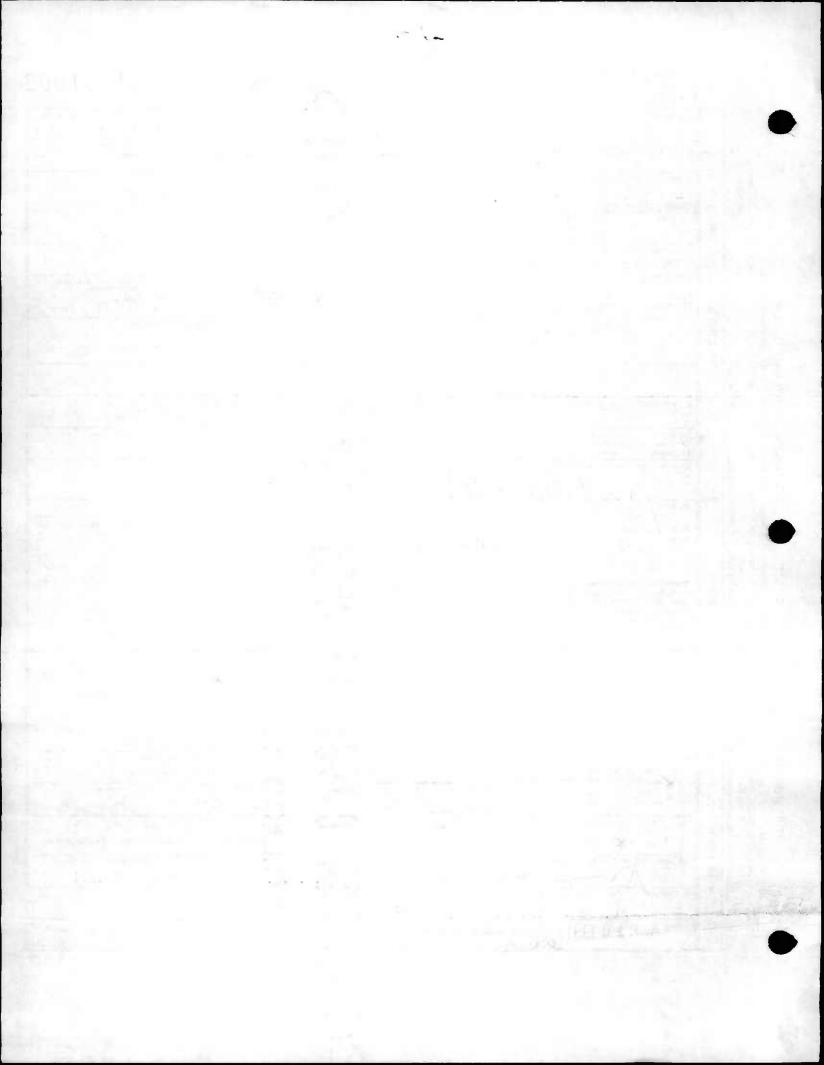
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The last requires that the death certificate be executed within 24 hours after death. Page 6 may be refained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	The William (2 found at the Case of the Ca	INTURIANT. II IRIII 20 18 IIIRAAG, OI IVIII 20 910000 RIJAIJ, OI OIRO BERNINGO COM, IIIO MORIO COMONICO CONONICO COMONICO COMONICO COMONICO COMONICO COMONICO COMONICO CONONICO COMONICO COMONIC
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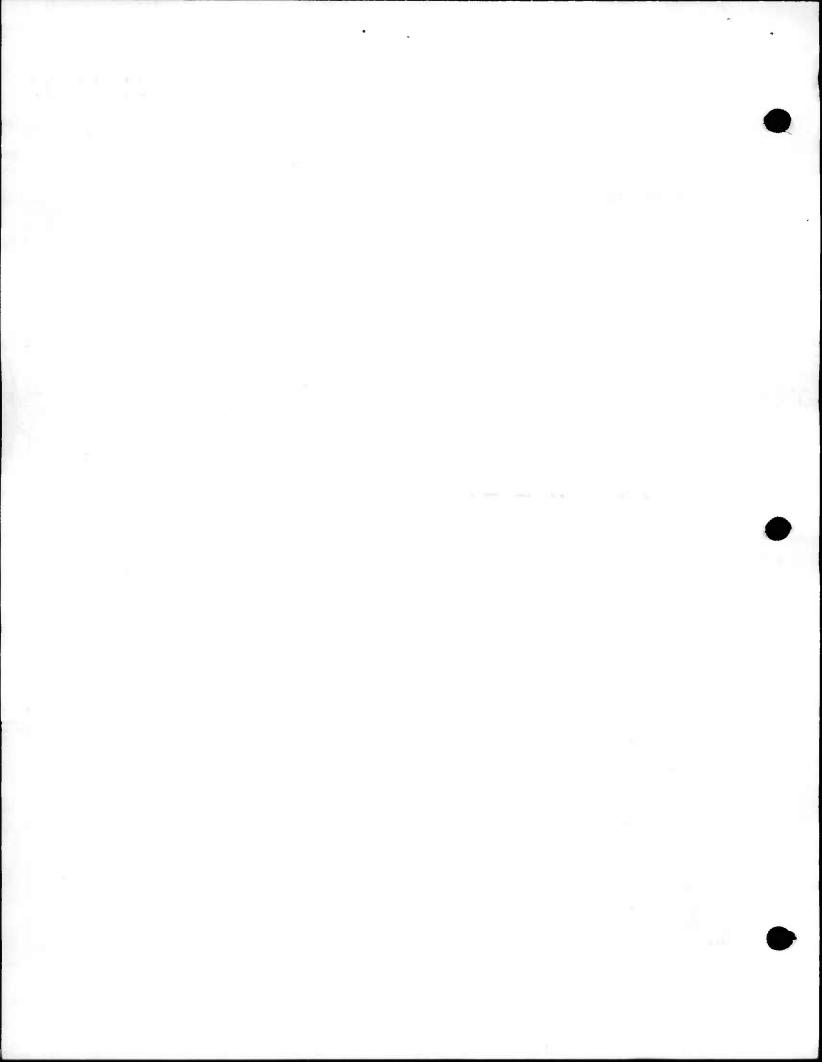
1	-	91-1928-021 FOR STATE REGISTRAR
1	. D	ECEDENT'S NAME (First, Mid
	т	1 1

01	1 1	0	0	0
U		11	1.1	3-4
91	1 1	U	U	U

	1 - STATE REGISTRAR	CERTIFI	CATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH DAY	,	YEAR	3. TIME OF DE	EATH
	Edward Scott		npson		04 04	08		91	9:55	Ам
	4. SOCIAL SECURITY NUMBER 214-96-1829 XX, S. SEX 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	GE (In yrs. last birthday) 2	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, 08-1	F BIRTH Day, Year) 5-1968	3	Country MD	PLACE (State or	Foreign
OR	9e. FACILITY NAME (# not institution, give street and number) I-70 lmi-(W) of route 75.		95. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNT			
בַּ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCA						10d. INSIDE C	ITV
DIR	MD Washington		rstown,						LIMITS?	□ NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 909B Maryland Avenue			740			USA	EN OF W	HAT COUNTRY	7
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		It yes, sp	ENDENT OF HISPAN ecify Cuban, Maxice NO Specify	n, Puarto Ri		or No—		— American in White, atc. Ite	ndlan,
日	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S I	USUAL OCCUPATION done during me retired.)	ON ast of working	18b.	KIND OF BUS	INESS/INDU	ISTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	landsca			I	P∞le	Lands	scap	ing Co	
CO	17. FATHER'S NAME (First, Middle, Leet) James E. Simpson			18. MOTHER'S NA Beatric						
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Danielle Simpson	19b. MAILING 909B Ma	ADDRESS (Street	and Number or Rural I Avenue H	Route Number agers	town,	MD 2	1740)	
2	20a, METHOD OF DISPOSITION Surial 2	20b. PLACE AND DATE Davis Memo	of disposition	(Name metery	4-13		erlan			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE On as 7 December 1	U:	Scarp Cumbe	elli Fund rland, M	eral	Home 02				
ATION	Sequentially list conditions	AS A CONSEQUENCE OF	B. Ny	ss 78	ii ao cardi	oc or reapi	etory arre			Between
CERTIFICATION	CAUSE (Disease or injury that initiated evants resulting in deeth) LAST	AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algorificent conditions contributing to dec	oth but not reaulting i	n the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPS AVAILABLE PRI COMPLETION I OF DEATH?	DR TO DF CAUSE
IAN	25. WAS CASE REFERRED TO MEDICAL		2a, P	LACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER? Was 2 NO HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residenca	8 X Other	(Specify) O	n str	eet		- 11
РНУ	27. MANNER OF DEATH 28s. DATE OF INJ (Month, Day,)	URY 28b. TIM bar) INJ	E OF 28c, IN	JURY AT ORK?	28d. DES	CRIBE HOW II	NJURY OCC	URED		
ВУ	1 Natural 5 Pending 04 08	1991 9:49	7 41 21	YES 2 NO	Ť -				by va	n
TED	3 Suicide a Could not be determined 28e. PLACE OF IN building, etc.		dreet, factory, offi	:0	City o	TION (Street a Frown, State)			Route Number,	75
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my MEDICAL EXAMINER: On the basis of examiner.								and manner	a stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU		,,			(Month, Day, Ye	
TO BE	The same of the sa	~.?		O.C.M.E.			▶04		9 1991	/
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	111		reet, Ba	ltimo	ore Ma	rylar	nd 2	1201	
1	31. DATE FILED (North, Day, 1900)	SIGNATURA								

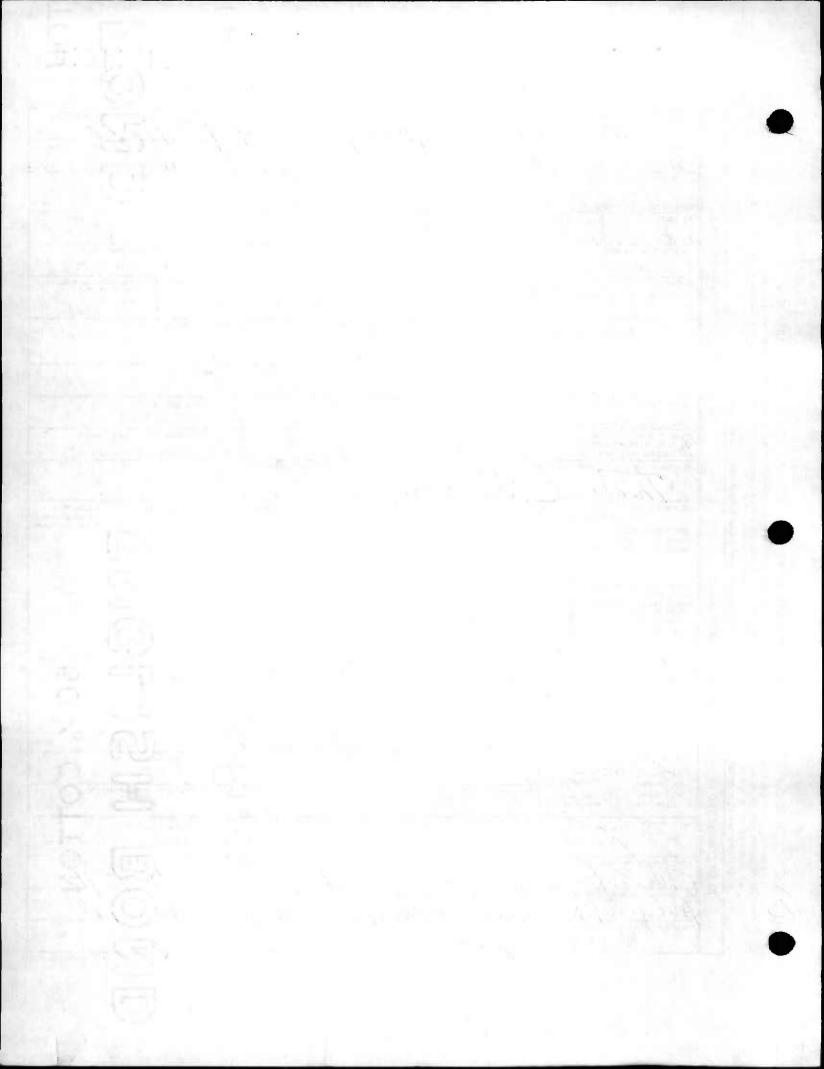


	FORMARY SO 1 - STATE REGISTRAR	JMERS	STATE OF N		DEPAR					/ENT	REG. NO.		9	1 11009
	1. DECEDENT'S NAME (First, I	Middle, Last)									E OF DEATH			3. TIME OF DEATH
	Mary June	Some	rs							MON 3			991	7:00 PM
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (in yrs. le	**	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATI	E OF BIRTH oth, Day, Year)		S. BIRTI	HPLACE (State or Foreign
	220-12-27	05	1 □ M 2 🖰 F	6	7 YRS.	MONTHS	LIAYS	HOURS	WIPI,		3/1923	3		ryland
_	9a. FACILITY NAME (# not inst	titution, give stre	et and number)			9b. CITY	Y, TOWN C	OR LOCATION	ON OF DE	ATH		9c. COU	INTY OF E	DEATH
P P	Salisbury	Nursi	ing Hom	ie		Sa	lis	bury	7			_W	icor	nico
EC		10b. COUNTY			10c. CIT	ry, town	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
9	Maryland	Worce	ester		P	ocor	noke	2						1 XYES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER						101	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?
5	Clarke Ave	4						218					SA	
5	11. MARITAL STATUS 1 Never Married 2			YES 2X	RMED NO		If yes, sp	ecify Cube	n, Maxica	n, Puarto	IN? (Specify Yes Rican, atc.)	or No-	14. RAC Blac	E — American Indian, ck, White, atc.
B	3 Widowed 4 Divor		IF YES, GIVE W	AR OR DATES			1 TYES	2 (XNO	Specify	r:			Spec	white
	15. DECE	DENT'S EDUCA	TION	16a. D	ECEDENT'S	USUAL C	CCUPATION	ON		16	b. KIND OF BUS	SINESS/IN	DUSTRY	will ce
COMPLETED	Elementary/Secondary (0-	-	College (1-4 or 5 -	·) #	Give kind of e. Do NOT u	work done ise retired.)	aunng mo	st or workir	ng					
M M	11			Вос	okke	epei	r _							
	17. FATHER'S NAME (First, Mic									- 1	, Middle, Malden	Sumame)		
BE	Dorsey He		Somers	· ·							Mears			
2	Herbert S		0 K G								mber, City or Tow			W-2 010E1
				20b. PLACE										, Md.21851
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 4 Donation 5 Other		val from State	other p	olace)						Sal			
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	D 0. = 1.	5×41	22	NAME A	ND ADDRE	SS OF FA	CILITY			UL y	ria.
	De Cont	451	mol								1 Home		- 3	01051
	23. PART i. Enter the dis	seeses, or co	emplications the	t caused the d	leeth. Do						COMOKE			Approximate
		ert feilure. Li	ist only one ceu			<		,	•		•			Interval Between Onset and Death
	disease or condition	•i	PA	Vein	MI	ce								6 DAS
	resulting in deeth)			(OR AS A CONS	EOUENCE (OF):								
Z	Sequentially list condition	one b.	_)+		CV									1 Syears
¥	If any, leading to immed cause. Enter UNDERLY!	late	DUE TO	(OR AS A CONSI	EOUENCE O	OF):	444	0	sh	our	WARCE	lon		
띪	CAUSE (Disease or Injur that initiated events		OUE TO	(OR AS A CONSI	EOUENCE (OF):		2	20-0	0-6	VASC			1
CERTIFICATION	resulting in death) LAST	r d						17-1	00		Sail Frances			
2	PART il. Other algnificer	at conditions	contributing to	death but not	resulting	in the u	ndedvin	G COURS	alven In	Dort i	24a, WAS AN	LAUTOBOY	. 1 24	b. WERE AUTOPSY FINDINGS
CAL	11.		PULA		and the same of th			d conse	Arren III	rait i.	PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
유	(0	00	77.0	10/1	A	KIH					1 TYES	2 PLNO		OF DEATH?
Σ	00/00	22-0		0	VT-	>								1 🗆 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL	and the state of t				26. P	LACE OF E	DEATH (Ch	eck only	one)			
Sic	EXAMINER?		HOSPITAL: 1 Inputient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE 400 No	R: Insing Hor	ne 5 🗆 R	asidence	s 🗆 Ot	her (Specify)			
PHY	27. MANNER OF DEATH		26a. DATE OF (Month, L		26b. TI		26c. IN.	JURY AT			EȘCRIBE HOW	INJURY O	CCURED	
BY		Pending Investigation		,		М		YES 2 [□ NO					
		Could not be setermined	28e. PLACE (building,	of Injury At I atc. (Specify)	home, farm,	, street, fa	ctory, offic	ce			CATION (Street ty or Town, State		er or Rural	l Route Number,
ET	-								İ					
COMPLETED			IAN: To the best of											
00	2 MEDI		: On the basis of a	xamination and/o	r investigat	ion, in my	opinion,	death occu	red at the	time, da	ita and place, a	nd due to	the cause	e(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER		49				_	ENSE NUI			29d. DA	TE SIGNE	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH OF	FM 27) /5-	na Delett		13	981	2			2/	50/7/
		kins	SUMPLETED CAU	OF OF DEATH (II	-m 21) (1)/[ro, rrent)								
	31. DATE FILED (Month, Day,	Year)	32. REGIŞTR	ARIS SIGNATURE	Prinda	92_							_	
2	APR 04	'91	guna	, NUMBER OF SOME	-Na. long									



BALLIMORE, MARTLAND 21215-0020	the control has required that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	a confidence has been somet by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the first of the funeral transition by the funeral formal	nt, the medical examiner must be notified at once.
JIVISION OF WILDS HECOHDS, P.O. BOX 68/60,	OH ATTENDING PHYSICIAN The law requires that the death certificate be executed wit	TOR: After the	tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	JO THE HOSPITAL O	TO THE FUNERAL DIRECT the filed within 72 hours	IMPORTANT: If II

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGI	IENE NO	
-		niel E.	Single		Sr.	2. DATE OF DEAT	H DAY 9/	SATIME OF DEATH
- 6	4. SOCIAL SECURITY NUMBER	24.62	E (In yrs. last Birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BATH (Month, Day, You	0.	BIRTNPLACE (State or Foreign Country)
l I	579-46-3075	1 X M 2 □ F	56 YRS.			June 16,	1935 W	ashington, D.C.
~	9e. FACILITY NAME (If not institution, give				R LOCATION OF D	EATH	9c. COUNTY	OF DEATN
Ē	Prince George's	General Hos	pital	Chever	lly		Prun	ce George
E	10e. STATE 10b. COUNT	ГУ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
5	Maryland Prince	ce George	Lan	dover				1 X YES 2 NO
AL	10e. STREET AND NUMBER			101	. ZIP CODE			OF WNAT COUNTRY?
FUNERAL DIRECTOR	3501 Edwards Str	ret			20785		u. s	. A.
5	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT EVER FORCES? 1 \(\subseteq \text{ YES}	IN U.S. ARMED			NIC ORIGIN? (Specifin, Puerto Rican, etc.		RACE — American Indien, Black, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 X NO Specif			Specify: Black
	15. DECEDENT'S EDI		16e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDUS	
<u> </u>	(Specify only highest grad Elementery/Secondery (0-12)	(completed) College (1-4 or 5+)	(Give kind of v	vork done during mo ne retired.)	st of working			
린		1 Year	Manageme	nt Analy	1st	H.	H. S.	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Ma	iden Sumeme)	
BE (Thomas Barbowr				Buelah	Rivers		
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or		
-1	Barbara B. Singl		3501	Edwards	Street	Landover,	MD 207	85
	209. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rer	novat from State	20b. PLACE AND DATE			1	LOCATION — City	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		FL. Linco			4-12-91	Brentw	ood, MD
	21. SIGNATURE OF PUNERAL SERVICE E	(CENSEE	1	Pincki	DADDRESS OF FA	gler Fun	eral Hom	e
	plodore	Thu	cknow	524 -	8th St.	. N. E.		
	23. PART I. Enter the diseases, pr	complications that cause. List only one cause on	ed the deeth. Do	at enter the mo	de of dying, suc	h ae cerdlec or r	eepiratory erreat	
	IMMEDIATE CAUSE (Finel		11)				Onset and Death
	diseese or condition resulting in death)	suffe	all de	use_				
		DUE TO (OR AS	A CONSEQUENCE OF	F):				
ON	Sequentielly list conditione,	b	A COMPEGNIENCE OF					
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSEQUENCE OF	r):				
임	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	F):				
E	resulting in deeth) LAST	4		,				
U		d.						
CAL	PART II Other eignificent condition	ne contributing to deeth	but not resulting	in the underlying	cause given in	Part I. 24a. WA	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	fee mayy;	Hepalic ev.	more	asem	o, ceret	1 □ YE	S 2 7 NO	COMPLETION OF CAUSE DF DEATH?
ME	vasenter bu	rease						1 TYES 2 NO
PHYSICIAN: MEDI								
ō	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7	26, PL	ACE OF DEATH (C/	eck only one)		
ΙΥS	1 YES 2 NO	1 Inpatient 2 ER/OL		4 - Nursing Nom		6 Other (Specify)		
급	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,		URY WO	RK?	28d. DEŞCRIBE H	OW INJURY OCCUP	RED
BY	2 Accident Investigation		RY — At home, ferm,		YES 2 NO	204 LOCATION (C)	treet and Number or	Quant Davida Museban
	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Sc	pecify)	attest, factory, offic		City or Town,		nural house number,
COMPLETED	29e. CERTIFIER		-VV4 July - V4		See Silverine			
MP		SICIAN: To the best of my knowledge.						ause(e) end manner as stated.
8			non exaor mrestigatio	m, in my opinion, a	eath occured at the	time, date end plac		
H	29b. SIGNATURE AND TITLE OF CENTUFIC	Personer.	1111		20 LICENSE NU	MBER	29d, DATE S	IGNED (Month, Day, Year)
2	ON NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLES AS	DEATH (ITEM 27) (Type	Dolar)	1110	iv .	7	1-11
	1.4 10	oct v & Course of the	Mn A	10 Par	hiberAL	On San	nul.	207,16
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE GNATURE	Trugk	no my	7- 4/1	. 1100	10 148
	(PR () 9 '01	2.8: K	widow Brod	.00				



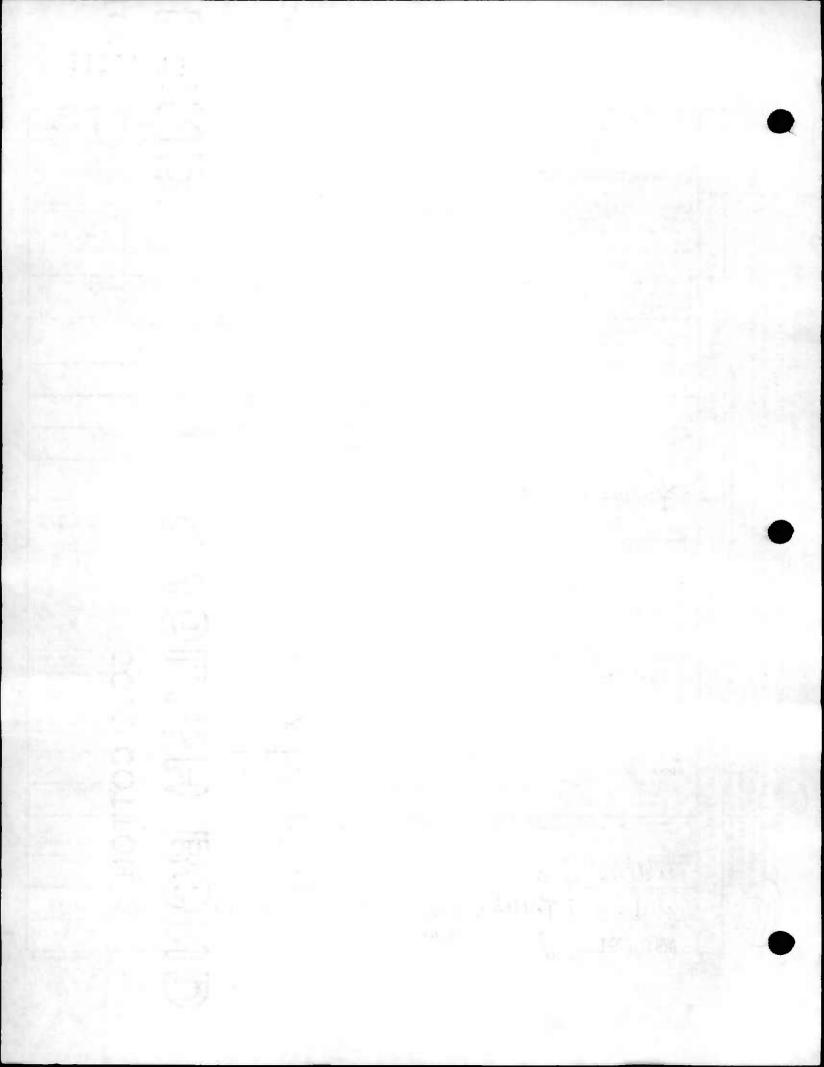
FOR

THE HOSPITAL ON NEEDWAY PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death, Page 6 may be retained by the hospital or attending physician.

O THE FUNERAL DIFFICURATION AND THE THIS CHARLES BEEN Signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be flad within 72 hours after count with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 24 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	0.5.1.2 01 1.	CI	ERTIF	ICATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARII &		5 M. 0			L. SMITH	2. DATE MONTH	OF DEATH	r 9	PAR	3. TIME OF DEATH 12:30 A M
	4. SOCIAL SECURITY NUMBER 236-18-2090	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Monti	OF BIRTH b, Day, Year) 30/12		B. BIRTHP Country)	PLACE (State or Foreign
TOR	9a. FACILITY NAME (# not institution, give s Southern Mary1a RESIDENCE OF DECEDENT		pital			n or location of d	EATH	- 41	9c. COUNT		ATH
DIRECTOR	10e. STATE 10b. COUNTY Maryland P. G	Υ			v, town or Lo uitlar						10d. INSIDE CITY LIMITS?
IERAL	2012 Lakewood	Street				2 0 7 4 6			10g. CITIZ	EN OF WI	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	IF YES, GIVE W	XYES 2 1	NO	It yes,	ecendent of HISPA specity Cuban, Mexico (ES 2 NO Special	n, Puerto I	i? (Specify Yea Rican, etc.)	or No—	Specify	- American Indian, White, etc. 7: Lack
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 0-10th	CATION	16a. DE (G ii/e	ECEDENT'S		ATION most of working		efense		ISTRY	·
COM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Malden			
BE	Unobtainable 19a. INFORMANT'S NAME (Type/Print)					Unobta					
은	Alberta Smith/					et and Number or Rural od Street					746
	20a. METHOD OF DISPOSITION 1 Denation 5 Other (Specify)	ovel from State			of DISPOSITI		3/22	20c. LO			on, State d, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	C.O.		#747		AND ADDRESS OF FA					20020
	23. PART I. Enter the diseases, or a	complications the									Approximate
	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau	PUUM OOR AS A CONSE	a.		•					interval Between Onset and Death
NO	Sequentially flat conditions,	b	(OR AS A CONSE								
CATI	if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c	TON AS A CONSE	OUENCE	.e.j.						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE	PF):				Ğ.		
	PART ii. Other significant condition	ns contributing to	death but not	reaulting	in the underly	ring cause given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL	Dishetes		-				-	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only o	ne)	-		
YSI	1 TES 2 NO	1 Ninpatient 2		_	4 - Nursing I	iome 5 🗆 Rasidenca					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE Of (Month, L		26b, TII		INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCC	JRED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE (building	OF INJURY — At h., atc. (Specify)	ome, term,	street, factory, o	ffica		CATION (Street or Town, State)		or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS										and manner as stated.
E CC	296. SIGNATURS AND TITLE OF CERTIFIE	-				29c. LICENSE NU		- 15		100	(Mgnth, Day, Year)
TO BE	Welliam J.	deline	260			D352	06		▶ 3	:/15	151
	30. NAME AND ADDRESS OF PERSON WH	TANNE	R MB	EM 27) (Typ	e, Print)	1 Livium	rh	RD	Ft. L	NAT	1, 40
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	100	1 196				0		1

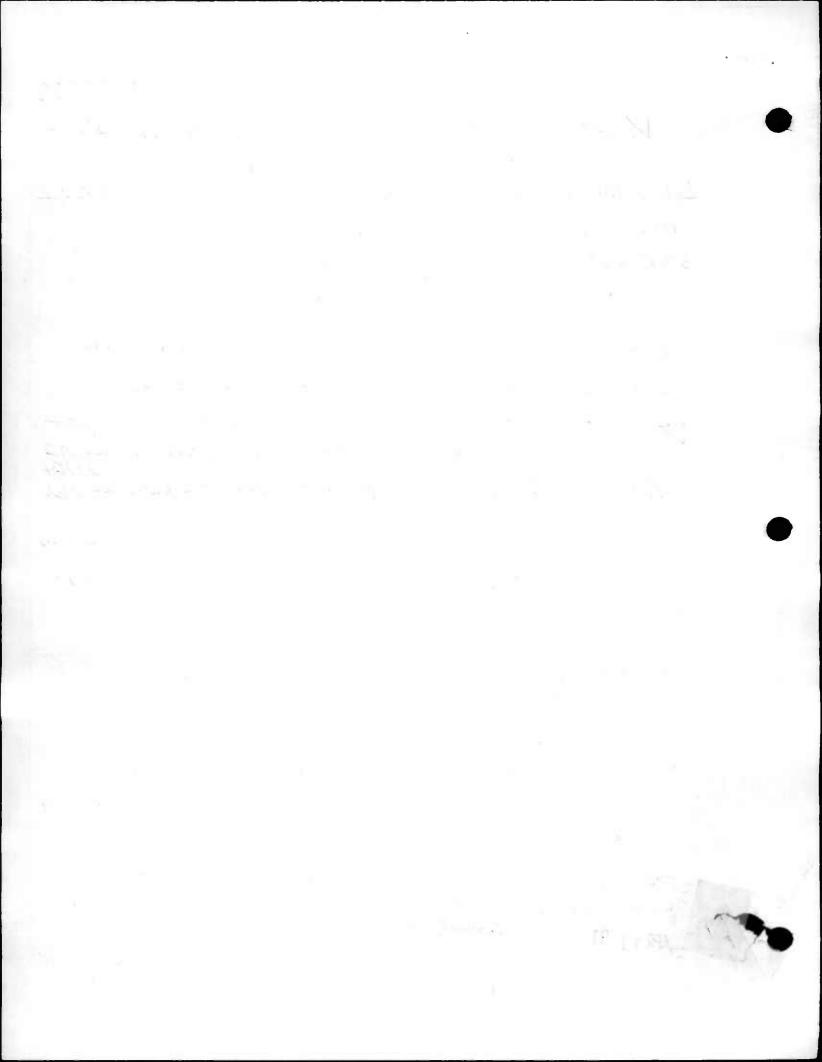


31. DATE FILEO (Month, Day, Year)

APR 1 1 '91

ter death. Page 6 may be retained by the hospital or attending physician.	rdificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	oval.	ai examiner must be notified at once.	
TO THE HOSPITLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTORS. After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLAND /		ENT OF H			HYGIENE SEG. NO.		11012
	1. OECEOENTIS NAME (First, Middle, Last)	V. SMITT	1			2. DATE OF MONTH		EAR 3. TO	550 Pm
		SEX 6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	8. / 7-/7	BIRTHPLAC Country)	E (State or Foreign
OR	So. FACILITY NAME (If not institution, give street Leland Memorial)	and number) HOJPITA		CITY, TOWN O	R LOCATION OF DE		9c. COUNTY		SEURGE
DIRECTOR	100. STATE 10b. COUNTY PRINC	e beorge	10c. CITY, TO	NA EV	10N	8		10d.	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 5115 54 A	,	,	2.5	ZIP CODE	2	10g. CITIZE	N OF WHAT	COUNTRY?
B	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Nidowed 4 Divorced	. WAS DECEDENT EVER IN U.S. AD FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		If yes, spe	ENDENT OF HISPAN Icity Cuban, Maxica 2 NO Specify	n, Puerto Rica		Black, Whi	merican Indian, Ia, atc.
COMPLETED	15. OECEDENT'S EDUCATII (Specify only highest grade com Elementary(Secondary (0-12)	ON 18a, DE (Gi)////////////////////////////////////	ive kind of work Do NOT use rei	done during modired.)	st of working		ND OF BUSINESS/INDUS		40
BE CON	17. FATHER'S NAME (First, Middle, Last) WALTED K)	ING			18. MOTHER'S NA	ME (First, Midd NDA	tle, Maiden Surname) THOMA	15	
2	190. INFORMANT'S NAME (Type/Print) GEORGAND	196	3332	Chille	nd Number or Rural I	Poute Number,	EZLICO		14. MQ
	20a. METHOD OF DISPOSITION 1	from State 20b. PLACE other pla	ace)		netery, cremetory or CEMETER	eu	20c. LOCATION — CIT	_	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		2000	22. NAME AN	D ADDRESS OF FA	Сриту	/-	1301	21784
	23. PART i. Enter the diseases, or com	Haight	ath Do not		HTFIH.			50,U	Approximate
	shock, or heart feilure. Liet iMMEDIATE CAUSE (Final disease or condition	t only one cause on sech line).		,		or respiratory erres		interval Between Onaet and Death
	resulting in daeth) a	Pulmoni Due to (or as a consec	OUENCE OF):	CW	70100	,			minukb
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE		run	160611				days
CERTIFICATION	CAUSE (Disease or injury that initiated evants reaulting in deeth) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):						
L CE	PART li. Other significent conditions c	contributing to deeth but not i	reauiting in t	he underlyin	g ceuse given in	Part i. 24	Ia. WAS AN AUTOPSY	24b. WER	E AUTOPSY FINDINGS
MEDICA	Fractite, Rigi	ht Femut	1 4			_ 1	PERFORMED?	COM	LABLE PRIOR TO PPLETION OF CAUSE DEATH?
: ME	Chronic Re	1 Junder	Ure			-		1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	26. PI	LACE OF DEATH (Ch	eck only one)			
HYS	1 YES 2 NO 1	Zinpatiant 2 ☐ ER/Outpatient 3 28a. DATE OF INJURY	DOA 4	Nursing Horr			Specify) NBE HOW INJURY OCCU	REO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Mogth, Dey, Year) 4-6-91	2 A	M 1 🗆	YES 2 NO	fell	out ut b	ed	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI ho building, atc. (Specify)	ome, farm, stree	et, factory, offic		57/5	ON (Street and Number of Town, State)		Number,
COMPLETED	anal in	N: To the best of my knowledge, de On the bests of examination and/or							menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	uning Dep	EXAN	edicy	29c, LICENSE NUI	MBER S	29d. OATE	SIGNED (Mor	oth, Day, Year)
10	PAN I A- DEVOR	COMPLETED CAUSE OF DEATH (ITE	3 (VI)	eths!	oury Rel	14	1 ≥ 4 × 4 × 617±0;// €	MD	20181
1	31. DATE FILEO (Month, Day, Year)	32 REGISTIMARIE SIGNATURA	ndelle						



TO THE HOSPITAL OR ATTENDING THYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 . STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		CERTIF	IONIL	OI DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	m]				2. DATE OF D	DAY	YEAR	E OF OEATH
Walter R. Shi					4		91 -	М
4. SOCIAL SECURITY NUMBER 216-40-9428	5. SEX 6.	AGE (In yrs. last birthday) 50 YRS.	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF B (Month, Day 12/26	(Year)	8. BIRTHPLACE Country) MD	(State or Foreign
9a. FACILITY NAME (If not institution, give st	reet and number))0	9b. CITY. TO	WN OR LOCATION OF D			NTY OF DEATH	
Carroll County	36.0	Hospita		estminst		122	rroll	
RESIDENCE OF DECEDENT	G02101 G1		- "	000		1 0 4	11011	
Md Carr		10c. CIT	Y, TOWN OR L		0.30		U	ISIDE CITY MITS? (ES 2 NO
Md Carr	OTT		W	estminst	er.	Diam'r.		
45 Charles Str	reet			21157		U.	ZEN OF WHAT C	JUNTRYY
I. MARITAL STATUS	12. WAS DECEDENTE	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yea or No-	14. RACE — Am	
Never Married 2 Married Widowed 4 Divorced	FORCES? 1-444 IF YES, GIVE WAR			YES 2 NO Specific		, etc.)	Shack, White	BLACK
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCU	IPATION na most of working	16b. KIN	D OF BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			pentry	Cit	ty Park	s & Ro	anaatio
7. FATHER'S NAME (First, Middle, Last)		FOTINA	II/ Car	-		a, Maiden Surname)	s a ne	Creatic
Walter Shirle	v Sr			Hort				
Da. INFORMANT'S NAME (Type/Print)	J, DI.	405 ***	ADDRESS -			Marian Tarris -	Onde:	
Mrs. Marjorie	Chinler			treet and Number or Rural				24457
Da. METHOD OF DISPOSITION Burlal 2 Cremation 3 Remo		20b. PLACE AND DAT	E OF DISPOSI	s Street	-	20c. LOCATION -		
□ Donation 5 □ Other (Specify)		St. Jam	es Ce	metery	4/1	New	Windso	
1. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA	ME AND ADDRESS OF FA	CILITY	ome & C	hanal	
Robert K.	Pritts.	Sr.	412	Washing	ton Ro	d. Wes	tminst	er. Md.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE OF AS A C	we	re. Tepatili	and	lirrhi	Dis	
	d							
PART II. Other significant condition	a contributing to de	ath but not resulting	in the unde	rlying cause given in		NAS AN AUTOPSY PERFORMED? YES 2 NO	AVAIL/ COMP OF DE	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	neck only one)			
	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	g Home 5 ☐ Residence	8 Other (So	ecify)		
1 YES 2 NO			E OF 28	c. INJURY AT WORK?	7	BE HOW INJURY OC	CURED	
1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,		JURY M					
1 YES 2 NO	28a. DATE OF IN. (Month, Day,	Year) IN	M	1 YES 2 NO		N (Street and Number wn, State)	r or Rurel Route N	umber,
1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 9a. CERTIFIER 1 CERTIFYING PLYSI	28a. DATE OF IN. (Month, Day, 28a. PLACE OF II building, etc	NJURY — At home, farm,	street, factory	1 YES 2 NO	City or To	wri, State)		umber,
1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. DATE OF IN. (Month, Day, 28e. PLACE OF II building, etc	NJURY — At home, farm, . (Specify) knowledge, death occur	street, factory	1 YES 2 NO	City or To	wri, State)	fed.	
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Panding Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF IN. (Month, Day. 28a. PLACE OF II building, etc CIAN: To the best of my R: On the basis of axam	NJURY — At home, farm, . (Specify) knowledge, death occur	street, factory	1 YES 2 NO , office , deta and place, and du	City or To	wn, State) and manner as stated place, and due to the	ited. ha cause(s) and n	nenner as stated.
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	28a. DATE OF IN. (Month, Day. 28a. PLACE OF II building, etc CIAN: To the best of my R: On the basis of axam	NJURY — At home, farm, . (Specify) knowledge, death occur	street, factory	1 YES 2 NO	City or To	wn, State) and manner as stated place, and due to the	fed.	nanner aa staled.
1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 19a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF IN. (Month, Day. 28a. PLACE OF II building, etc. CIAN: To the best of my. R: On the basis of axam.	NJURY — At home, ferm, . (Specify) knowledge, death occur institution and/or investigation	street, factory	1 YES 2 NO , office , deta and place, and du	City or To	wn, State) and manner as stated place, and due to the	nted. the cause(s) and r TE SIGNED (Month	nenner ee staled.

Brenn B.

is therefore bares. 11.

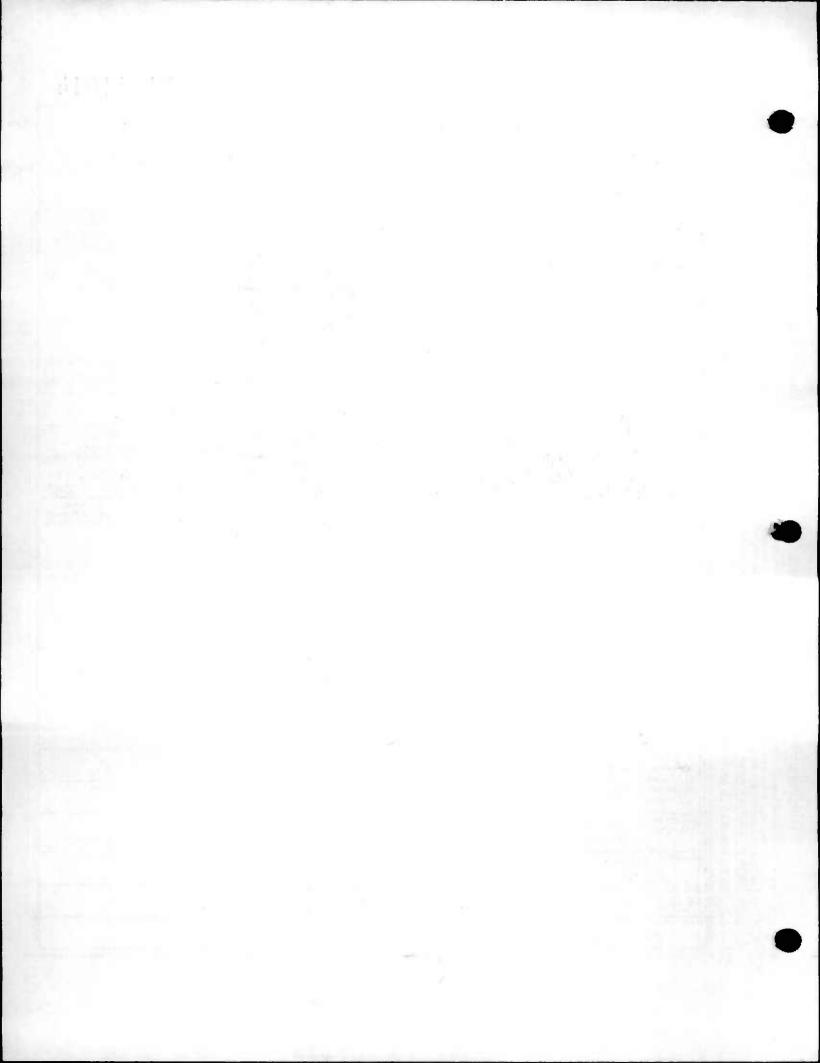
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. all , respectively and the second s

DIVISION OF VIAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within varius after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After wild and been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the fleed within 72 hours after death with the Stafe Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this pentil pate has been signed be filed within 72 hours after death with the Suite Dept. of Health	IMPORTANT: If Item 28 is marked, or item 23 shows a

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIENI REG. NO.	9 !	11014
		Kathryn	SHILLIN	NG		2. DATE OF MONTH	h 29,	1991 ^{**}	3. TIME OF DEATH 7:30 AM M
	4. SOCIAL SECURITY NUMBER 577-07-2577	1 □ M 2 🗓 F 88	n yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 06/21	7 0 2	D	BIRTHPLACE (State or Foreign Country) LLISburg, PA
TOR	99. FACILITY NAME (If not Institution, give standard Gardens RESIDENCE OF DECEDENT		e :	Lanha	m LOCATION OF D	EATH		9c. COUNTY Princ	of DEATH e George's
DIRECTOR	10e. STATE 10b. COUNTY	ce George's	25.00	Hyattsv:					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5402 Decatur Stre	et		101	20781	12		10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2 A NO Specia	an, Puerto Ric		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7 th	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us Housew	vork done during mo e retired.)	ON st of working	16b. K		vn Home	
BE CON	17. FATHER'S NAME (First, Middle, Last) Clyde Heagy				18. MOTHER'S NA Rosel	AME (First, Mic 1a Mar		Surname)	10
TO E	190. INFORMANT'S NAME (Type/Print) Barbara Rosa		5402 D	ecatur	Street,	Hyatts			
	20s. METHOD OF DISPOSITION 1 Sturted 2 Commenton 3 Remo	$AA \cap F$	PLACE OF DISPOS ther piace) Linco	1n Ceme	tery		1		or Town, State , Maryland
	21. SIGNATURE OF UNIVERAL SERVICE UP	# 130h	yn-	FRANCI		'S SON			OME, P.A. LE, MD. 20781
	23. PART I. Enter the diseases, or catook, pr heert failure. I IMMEDIATE CAUSE (Final disease pr condition resulting in death)	Discription of the course of the course on earlier of the course on earlier of the course of the cou	the death. DD nach line.	not enter the mo	My (ch ee cerdle	C Dr reepl	retory errest	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CAL C	PART II. Other algnificent condition	e contributing to death be	ut not resulting i	In the underlyin	g cause given in	Part I. 2	4a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC						_	1 TES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	LACE OF DEATH (C)	heck only one)			
HYSI	1 YES NO	1 Inpatient 2 ER/Outp	atlent 3 OOA	Nursing Hon	ne 5 🗆 Residence			NJURY OCCUR	FD.
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	INJ	M 1	YES 2 NO				71
ETED	3 Suicide 8 Could not be determined	building, atc. (Speci	— At nome, mrm, i	street, factory, offic		City or	Town, State)	nd Number or I	Rural Route Number,
COMPLETED		CIAN: To the best of my knowledge. R: On the basis of examination							suse(e) end manner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	urn	2		DOG O	894	/		arch 29, 1991
۱	30. NAME AND ADDRESS OF PERSON WHO Angus McLaurin, M				er Level Hyattsvi		_	and	- Table 21-21
	31. DATE FILED (Month, Day, Year) APR 0 2 '91	Julia Davids		2					

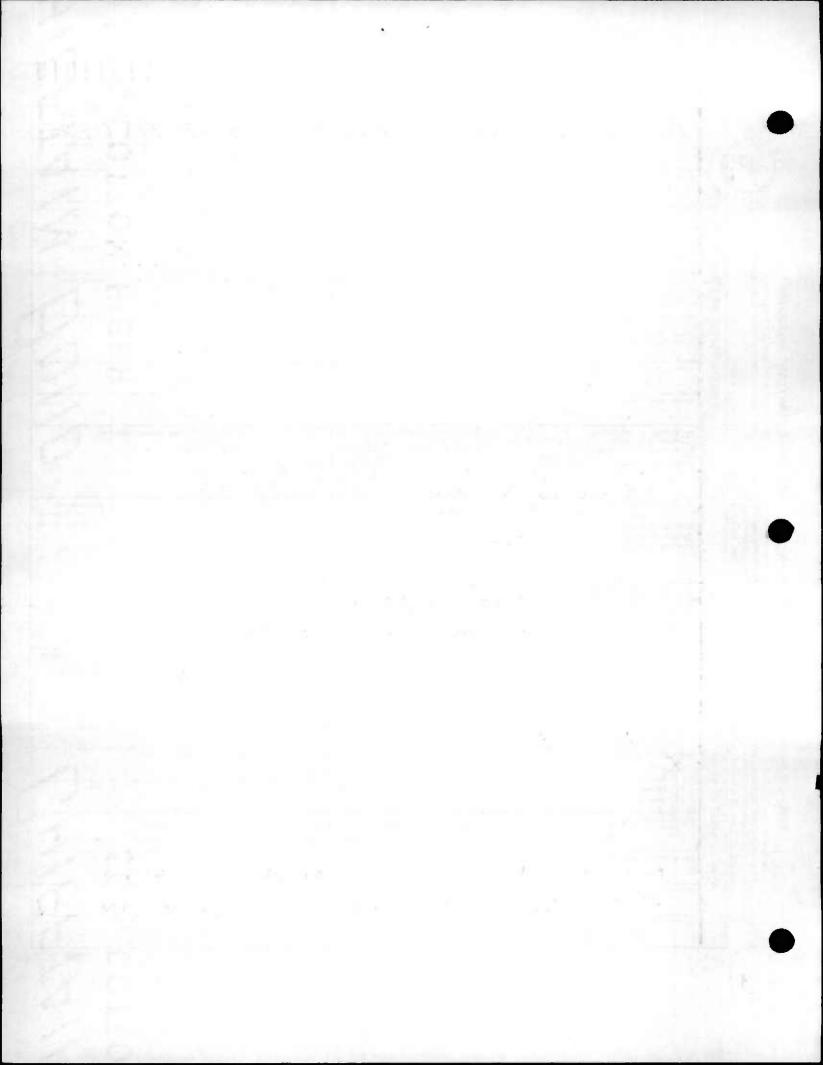
DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			IENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lac	Milton	5	hor	+	2. DATE OF DEATH MONTH DAY	3 9 YEAF	3. TIME OF DEATH 0 9 25 M
4. SOCIAL SECURITY NUMBER 213 16 4516	1 ☑ M 2 □ F 6	7 YRS.	==1	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JAN 10, 19	924 Ma	or HPLACE (State or Foreign unity) ryland
9a. FACILITY NAME (If not institution, given Union Hospital RESIDENCE OF DECEMENT			Elkton	LOCATION OF DEA	TH	Cecil	
10a. STATE 10b. COUP	ny Cecil		town on location	N			10d. INSIDE CITY LIMITS? 12 YES 2 NO
100. STREET AND NUMBER 65 Elizabeth St	reet			1921		U.S.	F WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 (A) YES IF YES, GIVE WAR OR D.	2 NO	If yes, spec	NDENT OF HISPANI Ity Cuban, Mexican, NO Specify:	C ORIGIN? (Specify Yes o , Puerto Rican, atc.)	B	ACE — American Indian, ack, White, etc. Decily: White
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use in Superv	k done during most retired.)	of working	Auto Mf		
17. FATHER'S NAME (First, Middle, Last) George M.	Short			Elsie	Du	vis	
19a. INFORMANT'S NAME (Type/Print) Ada L. Shor		The second secon	izabeth	Street,	Elkton, MI	2192	1
20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify) 21, SIGNATURE OF SUNERAL SERVICE		other place) Rosebank (Cemetery		Cal	Lvert,	
· Dalph	E. Hie	60)	Bow & Elkton	Stocktor . Marvla	Funerals Streets and 21921		
23. PART I. Enter the diseases, o shock, or heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. CVA. DUE TO (OR AS A	ach line.		e of dying, auch	as cardisc or respir	atory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Pulmely DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	Sower 147	mele			
PART II. Other significant conditions	one contributing to death b	out not resulting in	the underlying	cause given in F	Part I. 24s. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	CE OF DEATH (Che			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUSTY (Month, Day, Year)	26b. TIME (OF 28c. INJU	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
3 Sulcide 6 Could not 1		' — At home, farm, stre	eet, factory, office		26f. LOCATION (Street at City or Town, State)	nd Number or Ru	ral Route Number,
anal .	YSICIAN: To the best of my know INER: On the basic of examination						se(e) end manner es stated.
296. SIGNATURE AND TITLE OF CERTIF	u po			POUR	BER 23.	P 44 1	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON TO Chih	you, no	223 V		main	st. Ell	Hon	M9 7167
31. DATE FILED (Month, Day, Year) APR 1 6 '91	32. REGISTRAR'S SIGN	don-Randall	2				



	A 100 M	1. DECEDENT'S NAME (First, Middle, Last)	Ben we	/	Bro	wn OM	Smit	h	2. (DATE OF D	DEATH 4	-8-91 9	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. I 235-28-2610 1 □ M 2 ⊠ F 68			IF UNDI	NDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea June 4,			HRTH (Ybar)	H 6. BIRTHPLACE (State or Foreign Country) West Virginia				
	Se al	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	TY, TOWN (OR LOCATION (9c. COUNTY OF DEATH		
	8	Union Hospital of	f Cecil C	County		E	Elkto	n				Cecil		
s 1, 2	ទី	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		I son CIT	V TOWN	001004	TION!						IA4 BIRIDE OLTV
3146 Jing physician. the burlat-transit permi	- DIRECTOR						1 5			LIMITS?				
	FUNERAL	912 Bridge Street					101. ZIP CODE 21921				U.S		IAT COUNTRY?	
	` a	1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 12. Was DECEDENT EVER FORCES? 1 YES, GIVE WAR OR I			2 NO If yes, specify Cuban, Mexican, Puer			RIGIN? (S _i serto Rican	IKINY? (Specify Yes or No- into Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. Specify: White			Whita, etc.		
203- r attend use as		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	DECEDENT'S	USUAL work don	OCCUPATION OCCUPATION	ON ost of working		16b. KIN	D OF BUS	INESS/INDU	STRY	
D 212 ospital or thed for u	COMPLETED	Elementary/Secondary (0-12) 12		College (1-4 or 5+) Ille. Do N		NOT use retired.)			Electric Motors			s		
ANE the hor detach	ဂ္ဂ	17. FATHER'S NAME (First, Middle, Last)		777		J.		C. 17-11						
ARYLAND realised by the hospit should be detached titlled at once.	BE	Luther Brown						Bet	ty	Gall:	aghe:	r		
MARYLAND retained by the hosp 5 should be detache notified at once.	2	12 Line Technician Elect 17. FATHER'S NAME (First, Middle, Last) Luther Brown Betty Gallagh 19a. INFORMANT'S NAME (Type/Print) Linda D. Lester 3068 Old Elk Neck Road El				01001								
5 % B				Lower										Virginia EATH 10d. INSIDE CITY LIMITS? 1 Yes 2 NO PHAT COUNTRY? - American Indian, White, etc. White, etc. White, etc. White TS 21921 wn, Stata , Maryland Approximate interval Betwee Onset end Desir AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, O and manner as stated.
IMORE, Page 6 may al director, pa		1 D Burlat 2 Cremation 3 Rem	oval from State	1 othe	r place)				•	aru				
Page I direc	i		CENSEE	_ Che	LLY III									Maryland
SALT death. In death. In funeral. In funeral. In funeral.		Donald -	8 Did	RS			Bow	and S	tock	ton	nera. STre	ets	on, MD 21921 TION - City or Town, State ry Hill, Maryla s, P.A. ts tory arrest, Approxim interval E Onset en	
filled in by lon, or remo		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	se on eech i	ine.							- SASYA		interval Between Onset end Desi
a mag th														
OX 13146, se be executed with sician and comply prior to burial, or traumatic ever	NOIL	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
th certificat ending phy if Hygiene is or other	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):												
DS, P. the death the atter a Mental injury, o		PART II. Other significent condition	ns contributing to	ibuting to death but not resulting in the underlying ceuse given in Part i.					1, 24	24e. WAS AN AUTOPSY		24b. 1	VERE AUTOPSY FINDING	
RECORDS, Frequires that the dea signed by the atl to Health and Menta shows any injury.	MEDICAL	ATRIAL FIBRILLATION HYPERTENSION						PERFORMED? AND ON		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
The requirement of the state of	181	DIABETES MELLITIS								1 160 2 100				
A Per las	\$	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		Tur	100		26. P	LACE OF DEAT	H (Check o	only one)				
- VITAL SICIAN: The It certificate has the State De t, or Item 2	<u> </u>	1 YES 2 NO	HOSPITAL:	ER/Outpation	3 🗆 DOA	4 N		ne 5 🗆 Reside	ence 6 🗆	Other (Sp	secify)			
		2 Accident Investigation M 1 YES 2 1		d. DEŞCRII	DESCRIBE HOW INJURY OCCURED OCATION (Street and Number or Rural Route Number, Ry or Town, State)									
O 5 7 5 m	TED BY	2 Accident 3 Suicide 6 Could not be determined 4 Homicide determined 28a. PLACE OF INJURY — At home, farm building, etc. (Specify)						, street, factory, office 26f. LOC			City or To			
S R B B B	COMPLETE	anal Ca	ICIAN: To the best of											
HOSPITAL FUNERAL WITHIN 72		201- IGHATUMI AND TITLE OF CERTIFIE	4		or myssugali		, opinion, (piace, and			-
五	10 BE	Talricia	Dev	en	10			D 2	-			≥ 4	19	191
		Patricia Gr	eve m	SE OF DEATH	CC	Ke.	nt	Healt	h Cen	ter	Cec	Iton	md	21912

32 REGISTRAN'S SIGNATURE Gulia Davidson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

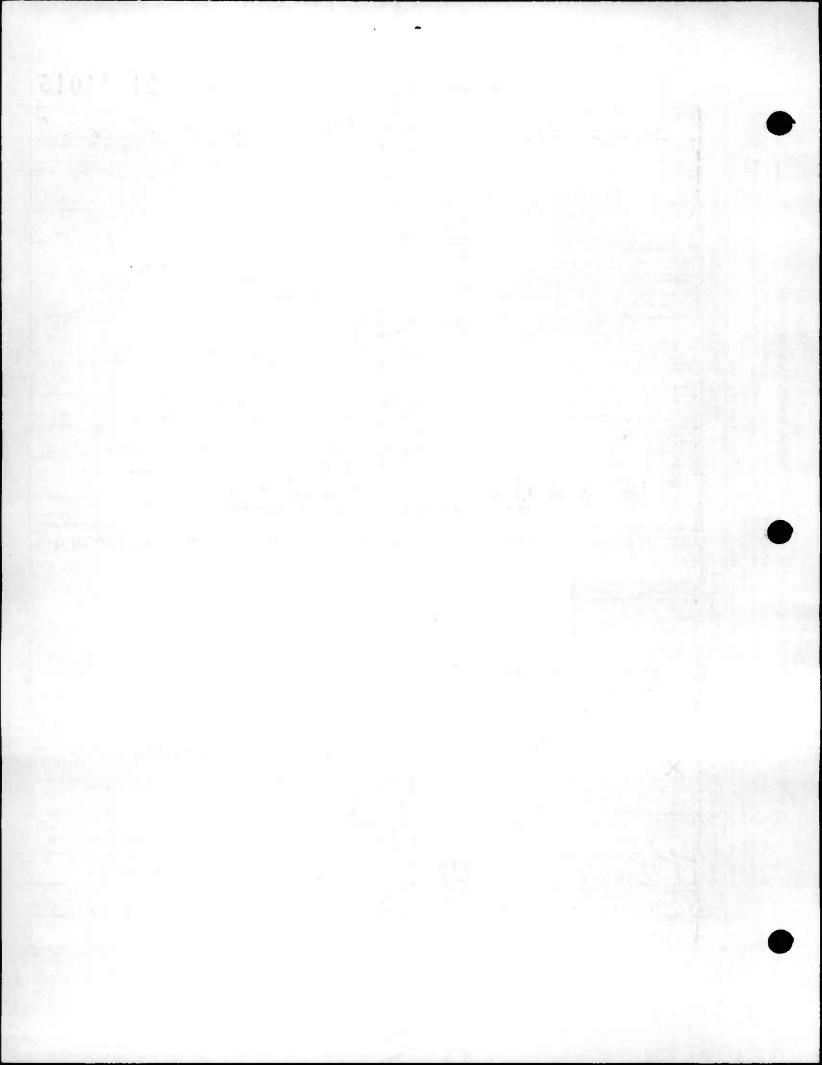
1 - FOR STATE REGISTRAR

Approximate interval Between Onset end Desth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

DHMH-18 Rev 1/89

31. DATE FILED (Month, Day, Year)
APR 1 0 '91

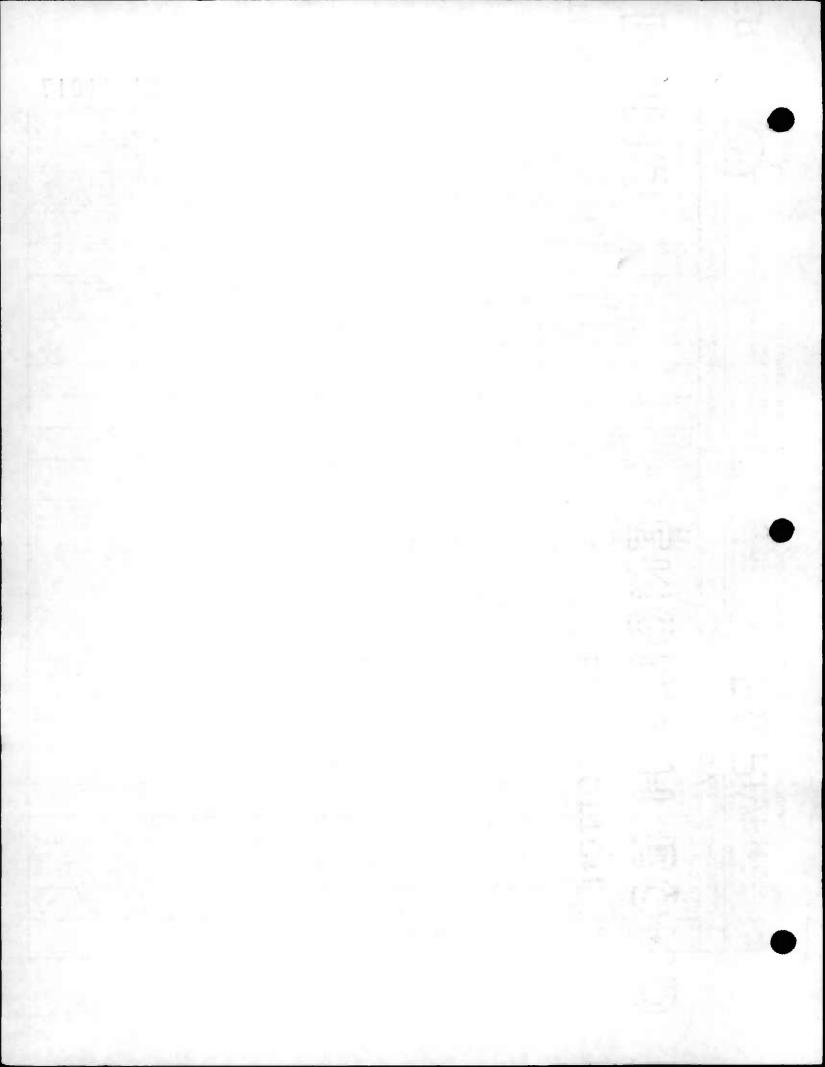


TO BE COMPLETED BY FUNERAL DIRECTOR

ביום וווסוורי וויסוורים	4 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache	on, or removal.	le medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.	91 11017				
1. DECEDENT'S NAME (First, Middle	Mae Mae	Scatt		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH P M				
4. SOCIAL SECURITY NUMBER 213-22-3445	5. SEX 6. AGE	(In yrs. last birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS.	7. STATE OF BIRTH (Month, Day, Year) 12/19/20	8. BIRTHPLACE (State or Foreign Country) West Virginia				
9a. FACILITY NAME (If not institution Har Fori)	memorial H	ospital H	TY, TOWN OR LOCATION OF DE		HAR FORD				
	COUNTY	10c. CITY, TOWN			10d, INSIDE CITY LIMITS?				
Maryland 100. STREET AND NUMBER	Harford	Hav	re de Grace	10a. CI	1 ☐ YES 2 ☑ NO TIZEN OF WHAT COUNTRY?				
40 Robin Hood	Road		21078		U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 — YES IF YES, GIVE WAR OR D	2 NO	3. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, atc. Specify: White				
(Specify only highe	'S EDUCATION st grade completed)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BUSINESS/IN	IDUSTRY				
Elemantary/Secondary (0-12)	College (1-4 or 5+)	Homemake:	·	In home					
17. FATHER'S NAME (First, Middle, L				AME (First, Middle, Maiden Surname)					
Brady Stottler 19a. INFORMANT'S NAME (Type/Pri		19b. MAILING ADDRE		Cattlett Route Number, City or Town, State, 2	(ip Code)				
Jack Scott				Havre de Grace					
20a, METHOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremation 3 4 🗆 Donation 5 🗆 Other (Speci	☐ Ramoval from State	b. PLACE AND DATE OF DIS cemetary, crematory or othe ATTOTO MEMO	r place) Gardens	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	en, Maryland				
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	2	2. NAME AND ADDRESS OF FA	CILITY					
22 PERT Enter the discount	es, Dr complications that cause			rgo Funeral Ho Maryland 2100					
shock, or heart f IMMEDIATE CAUSE (Finel disease or condition reculting in death)	ellure. List only pne-cause on	a consequence orpo	or the mode of dying, suc	in ae ceitrec or respiratory e	Approximate Interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
PART II. Other significent co	nditions contributing to deeth	but not resulting in the	underlying cause given in	Pert I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF DEATH (C)	heck only one)					
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA 4 N	lursing Home 5 - Residence	8 Other (Specify) 28d. DE\$CRIBE HOW INJURY O	CCURED				
1 Natural 5 Pendic	(Month, Day, Year) gation	INJURY M	WORK? 1 YES 2 NO						
3 Suicide 8 Could 4 Homicide determ	building, etc. (Spe	Y — At home, farm, street, f	actory, offica	28f. LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,				
onel	G PHYSICIAN: To the best of my knor EXAMINER: On the basis of examinati								
29b. SIGNATURE AND TITLE OF C	1-200	MD	20 LICENSE NU	MBER 29d. D/	STE SIGNED (Month, Day, Year)				
JAF	ON WHO COMPLETED CAUSE OF D	Union	Ago Hai	rede trace	Mp 20078.				
31. DATE FILED (Marth, Day, Year) APR 15 9	guna Davidso	n-Randell			~				



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
)RDS, P.O. BOX 68760,	that the death certificate be executed within	d by the attending physician and completel and Mental Hygiene prior to burial, crema	ny injury, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				IYGIENE REG. NO.	9	11018
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH DAY	YEA	3. TIME OF DEATH
JACKSON	V		STARR	JR.	4	11	1991	2:24 am
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I			RTHPLACE (State or Foreign untry)
159-52-1920	1 X M 2 - F	29 YRS.	ONTHS DAYS	HOURS MIN.	1. 170			ID .
9a. FACILITY NAME (If not institution, give at	The second state,		9b. CITY, TOWN	OR LOCATION OF DI			9c. COUNTY O	F DEATH
UNION HOSPITAL	U.S. ROUTE	1	ELKTO	• CON	OWINGO		CECII	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
PA	York		LTA					LIMITS? 1 XES 2 NO
IOo. STREET AND NUMBER	TOKK	υL		. ZIP CODE			10g. CITIZEN C	F WHAT COUNTRY?
512 MAIN ST.				17314			US	A
11. MARITAL STATUS	12. WAS DECEDENT EVER IN			CENDENT OF HISPAI				ACE — American Indian, llack, White, etc.
Never Married 2 Married	FORCES? 1 YES	ZX XNO		ecify Cuben, Mexica 2 NO Specific		n, etc.)		
Widowed 4 Divorced				X ,				WHITE
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U (Give kind of wo	SUAL OCCUPATI ork done during me retired.)	ON ost of working	16b. Kill	ND OF BUSI	NESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5+)				100	NSTR	UCTIO	N
12		PAIN	IEK					· IV
7. FATHER'S NAME (First, Middle, Last)	TARR			16. MOTHER'S NA			umame)	
	TARK			MAF				
JACKSON V. STA	D.D.	512		T., DEL	TA F	City or Town,)
	KK	217	MAIN S	I., DEL	.IA, F	A 1	./314	
0a. METHOD OF DISPOSITION ◯	ovel from State 20b	emetary, crematory of	OF DISPOSITION or other place)		DATE	20c. LOCA	ATION — City o	r Town, State
Donation 8 Dother (Specify)		emetary, crematory of				B B E	LAIR	MD
H. SIGNATURE OF FUNERAL SERVICE LIC	Tillett			INS F.		LTA,	PA.,	17314
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF)		M.5				
PART II. Other significant condition	s contributing to death b	ut not reaulting in	tha underlylr	g cause given in		a. WAS AN A PERFORM YES 2 [IED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)		1	
EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	ne 5 🗆 Residence	8 Other (S	pectfy)		
7. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME	OF 28c, IN	JURY AT			JURY OCCURE	D DIVER ORT
1 Natural 5 Pending	4-11-1991	INJU		ORK? YES 2 NO	DRIV	ER T	N AUTO	FIXED OBJ
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, farm, st	reet, factory, offi	ce				rrat Route Number.
4 Homicide determined	ROAD Road Spec	U.S. R	OUTE 1#	•	City or 1		U.S.RO	
9a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my house			-				OID III
anal .	CIAN: To the best of my know R: On the basis of examination							sale) and manner so street
	100		, my spinish,					
296 SIGNATURE AND TITLE OF CERTIFIE	(NoXI)	h		29c. LICENSE NU	MBER		29d. DATE SIG	MED (Month, Day, Year)
mm.	ENUL	41 17		OCME			7 4	12/9/
ACA O CO		ATH (ITEM 27) (Type, 1	Print) PENN S'	TREET BAI	ттморг	E MAD	VI AND	21201
MARIO F. GOLU		/		THE DA	T I III	- PITAIL	י העתה	21201
31. DATE FILED (Month, Day, Yang)	32. REGISTRAN'S SIGN	PAHBE NONOTOR						

minin ja

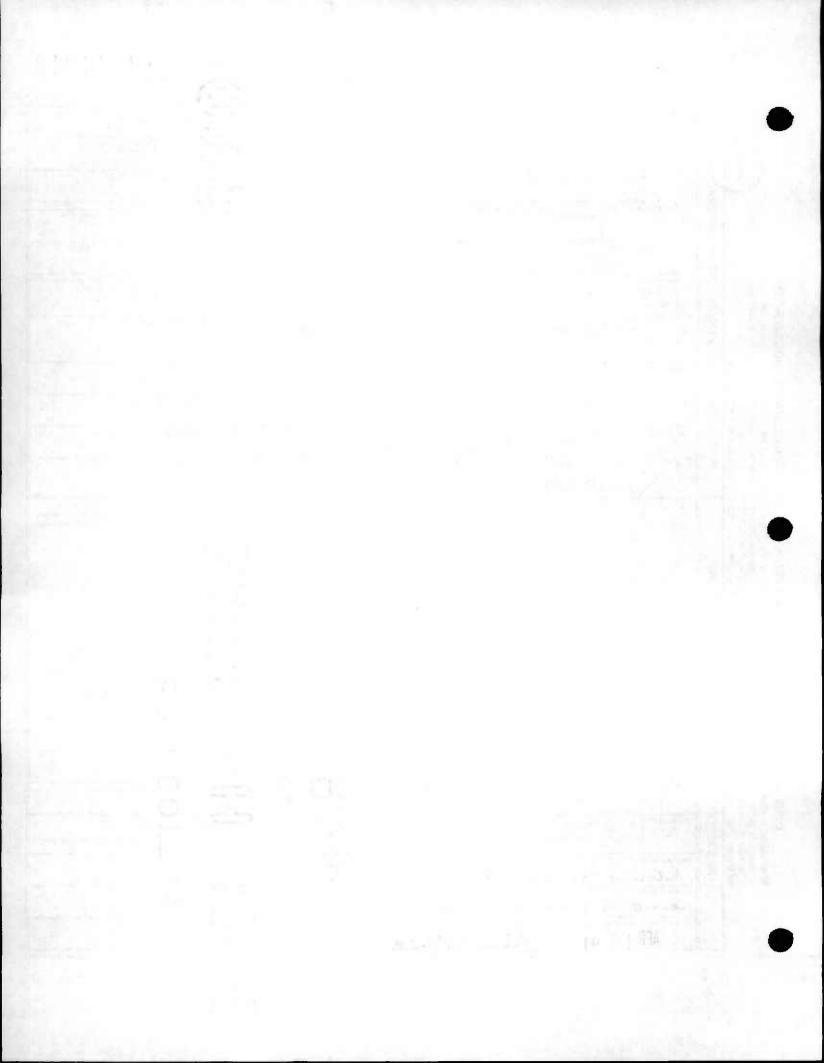
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perma. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARY	IDA	SATTI	ERFIELI		2. DATE OF D	3 DAY 1		3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 176-20-5592	1 🗆 M 2 🗔 F	62 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1928	Mary	/land
DIRECTOR	99. FACILITY NAME (If not institution, give stands and mary LAND ROUTE RESIDENCE OF DECEDENT	1.5	9t		stown	ATH		JEENS A	
Ĕ	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	ION				IOd. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Caroline			Ridgely	-	10a. C		LIMITS? I X YES 2 NO IAT COUNTRY?
FUNERAL	401 Central Av				21660		υ.	S.A.	
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	N U.S. ARMEO 2. NO ATES	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxicer 2 M NO Specify	ı, Puarto Rican		Specify	- American Indian, White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade	ATION Completed	16a. DECEOENT'S US	UAL OCCUPATI	ON .	16b. KIN	D OF BUSINESS/		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	etired.)	st or working				
립	11 HS grad	7 years	Homemak	er &	Teacher	Н	lome &	Educa	ation
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM				
S	Frederick Andr	ew Rampmey	rer		Lucy	Eliz	abeth	Cain	
BE	19a. INFORMANT'S NAME (Type/Print)	Cii Rumpiney		DRESS (Street	and Number or Rural R				
임	Paul W. Satter	fiold							660
	20e. METHOD OF DISPOSITION		b. PLACE AND DATE OF		8, Ridg		20c. LOCATION		
	1 € Buriel 2 ☐ Cremetion 3 ☐ Remo	oval from Stale	comotoni cromotoni or	other place)		1			
	4 Donation 5 Other (Specify)		Ridgely C		ND ADDRESS OF FAC		Riage	ETA' I	Maryland
	· Kandold	il-Choose		Moor	e Funer er B, D	al Ho			21629
	IMMEDIATE CAUSE (Final	List only one cause on a	ach lina.	antar tha mo	da of dying, such	n as cardiac	or reapiratory	arreat,	Approximata interval Between Onset and Death
	resulting in death)	B. MULTIPLE	A CONSEQUENCE OF:	<u> </u>					
_									İ
OIT	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF):						
	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	that initiated events reaulting in death) LAST	d							
	PART ii. Other significant condition	e contributing to deeth I	nut not requising in t	the condenium	a acusa abusa la	Don't or	W00 AN ALTTON	nu Lau	
EDICAL	PART II. Other significant condition	s continuating to destrict	out not resulting in 1	ina unganyin	g cause givan in	Part I, 24a	PERFORMED?		WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
ă						— (ı)	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ	J					_			YES 2 NO
ÿ									
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Che	eck only one)			
PHYSICIAN: M	1 XYES 2 NO	1 Inpatient 2 ER/Out		THER:	ne 5 🗆 Rasidence	8 M Other (Sp	pecify)	T 50	
ξ	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		JURY AT	28d. DEŞCRII	BE HOW NOUNY	occuries	
BY	1 Netural 5 Pending 2 Accident Investigation	4-3-1991		M 1 🗆		AUTO	IMPACT		
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stre	et, factory, offic		281. LOCATIO	N (Street and Nun	nber or Rural Ro	oute Number,
E	4 Homicide determined		ROUTE 50#	1	-	City or io	wn, State)		
9	29a. CERTIFIER 1 CERTIFYING PHYSI						(and a second		
COMPLETED	(Check only	CIAN: To the beat of my know R: On the basis of examination							and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	· · · · · · · · · · · · · · · · · · ·		29c. LICENSE NUM	IBER .	29d. I	DATE SIGNEO	Month, Day, Year)
8	Donald HII	who MO				TTY I			
임	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Time Dr	int)	OCME	-		4 4	1991
		GHT MD DCI						-	1001
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		PENN	STREET B.	ALTIMO	RE MARY	LAND 2	1201
	ADD	A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
	APR 1 0 '91	Lulia Davida	m-Banda 00						



REGISTRAR		ARYLAND /	ERTIF		E OF	DEATH		REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last) Anna	Mary Seil	ler (MONTH	_		YEAR 991	5:45 P M
4. SOCIAL SECURITY NUMBER 219-07-7344	8. SEX 1 M 2 X F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	of BIRTH Day, Year) 28,	1920	Country)	ACE (State or Foreign York
90. FACILITY NAME (If not institution, give st. Rt.1 Box 359	reet and number)					sboro				of DEA	
RESIDENCE OF DECEDENT	,		10c CIT	Y TOWN	OR LOCATI	ON				1	Od. INSIDE CITY
MD Carol			. 150		boro	,î				1	LIMITS?
Rt.1 Box 359					10f.	21639				ZEN OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES 2 💢	RMED NO		If yes, spe	ENDENT OF HISPA city Cuben, Mexico 2 XNO Specia	en, Puarto F		or No—	Black, \	- American Indian, White, etc. White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ECEDENT'S	work done	during mos		18b.	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12) 10th	College (1-4 or 8+)	amsti					Greens	boro	Garn	nent Factor
17. FATHER'S NAME (First, Middle, Last) Mich ael	l Seiler					Emona A				eiler	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street at	nd Number or Rural	Floute Numb	per, City or Town	n, State, Zip	Code)	
Albert Seiler		_				Denton	, MD				
20e. METHOD OF DISPOSITION 11 Burlet 2 Cremetion 3 Remo 4 Donatton 5 Other (Specify)	oval from State	20b. PLACE other p	lace)			etery, cremetory or o Cemet	erv	20c. LO		Shoro	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRESS OF FA					ID 21639
Mepha	C the	ug		F	Fleeg	le-Helfe	nbei				
23. PART I. Enter the diseases, or contact the series of t	complications that List only one cau	caused the dee on each lin	eeth. Do i	not ente	r the mod	de of dying, aud	ch aa cerd	liac or respi	ratory arr	eat,	Approximate Interval Between
IMMEDIATE CAUSE (Final											
	1	72	-1	-							Onset and Death
disease or condition resulting in deeth)	DUE TO	OR AS A CONSE	OUENCE O	GØ	ton	eer					Onset and Death
disease or condition	b DUE TO (OR AS A CONSE	OUENCE O	F): F):	Row	el					Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE O	F): F):			Part I.	24a. WAS AN	AUTOPSY	24b. W	Onset and Death
Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F): F):			Part i.	PERFOR	MED?	á	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F): F):			Part I.		MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CONSE	OUENCE O	F): F): In the u	inderlying 28. PL		_	PERFOR	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST	DUE TO (OR AS A CONSE	COUENCE O	F): F): In the u	enderlying 28. PL	ceuse given in	heck only on	PERFOR	MED?	0	VERE AUTOPSY FINDINGS WAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events rasulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 IN NO 27. MANNER OF DEATH Natural 5 Pending	DUE TO OUE OR AS A CONSE	COUENCE O	F): F): In the u	28. PLER: araing Home	ACE OF DEATH (C)	heck only on	PERFOR	MED?	1	VERE AUTOPSY FINDINGS WAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 IN NO 27. MANNER OF DEATH	DUE TO (DUE	OR AS A CONSE	COUENCE O	F): F): In the U OTHE 4 Nu HE OF JURY	28. PLER: arsing Home 28c. INJU WOOD 1 Y	ACE OF DEATH (C) 8 Residence JRY AT NK? ES 2 NO	8 Othe	PERFOR 1 YES	NO NO	1 CURED	VERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO GO. OUE TO GO. OUE TO GO. a contributing to A contributing to Contributing to Contributing to Contributing to Contributing to Contributing to Contribution to Contr	OR AS A CONSE	resulting 3 DOA 28b. TiM IN. ome, farm,	F): F): In the U OTHE 4 Nu NU NU NU NU NU NU NU NU NU	28. PL ER: uning Home 28c. INJI woo 1	ACE OF DEATH (C) 8 PRESIDENCE REST 2 NO and place, and du	8 Othe 28d. DES 28f. LOC City	PERFOR 1 VES r (Specify) c CRIBE HOW to ATION (Street e or Town, State)	MED? NO NJURY OCC	CURED or Rural Rose	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events rasulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	DUE TO (DUE	OR AS A CONSE	resulting 3 DOA 28b. TiM IN. ome, farm,	F): F): In the U OTHE 4 Nu NU NU NU NU NU NU NU NU NU	28. PL ER: uning Home 28c. INJI woo 1	ACE OF DEATH (C) 8 PRESIDENCE REST 2 NO and place, and du	8 Othe 28d. DES 28f. LOC City a to the cau	PERFOR 1 VES F (Specify) CRIBE HOW to ATION (Street or Town, State)	NONJURY OCC	OCCURED Or Rural Rose end.	VERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO When Number, and manner as stated. Wonth, Dey, Year)
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events rasulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO OUE OR AS A CONSE	resulting 3 □ DOA 28b. Till IN. ome, farm,	F): F): In the U OTHE A □ Nu Nu Nu Nu Nu Nu Nu Nu Nu Nu	28. PL ER: uning Home 28c. INJI woo 1	ACE OF DEATH (C) 8 Residence JRY AT RK? ES 2 NO and place, and dues the occurred at the	8 Othe 28d. DES 28f. LOC City a to the cau	PERFOR 1 VES r (Specify) c CRIBE HOW to ATION (Street e or Town, State)	NONJURY OCC	OCCURED Or Rural Rose end.	VERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO ute Number, and manner as stated.	

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Juns after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

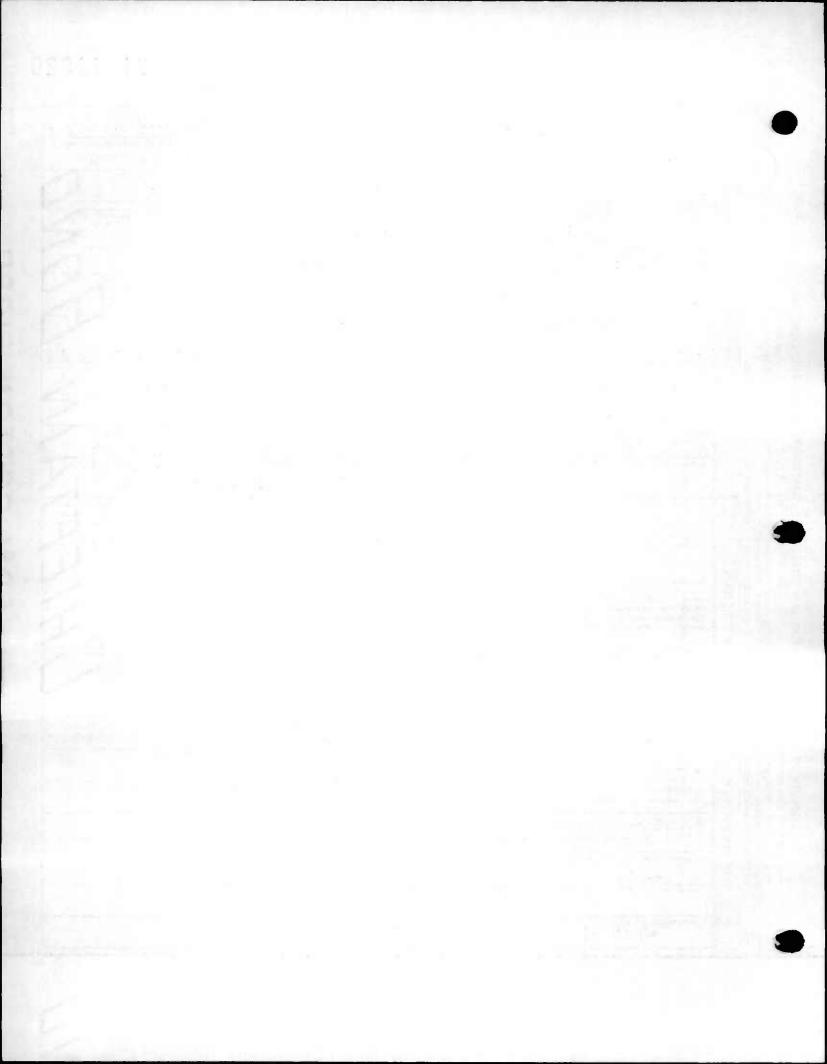
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (MONTH, Day, Year) 91

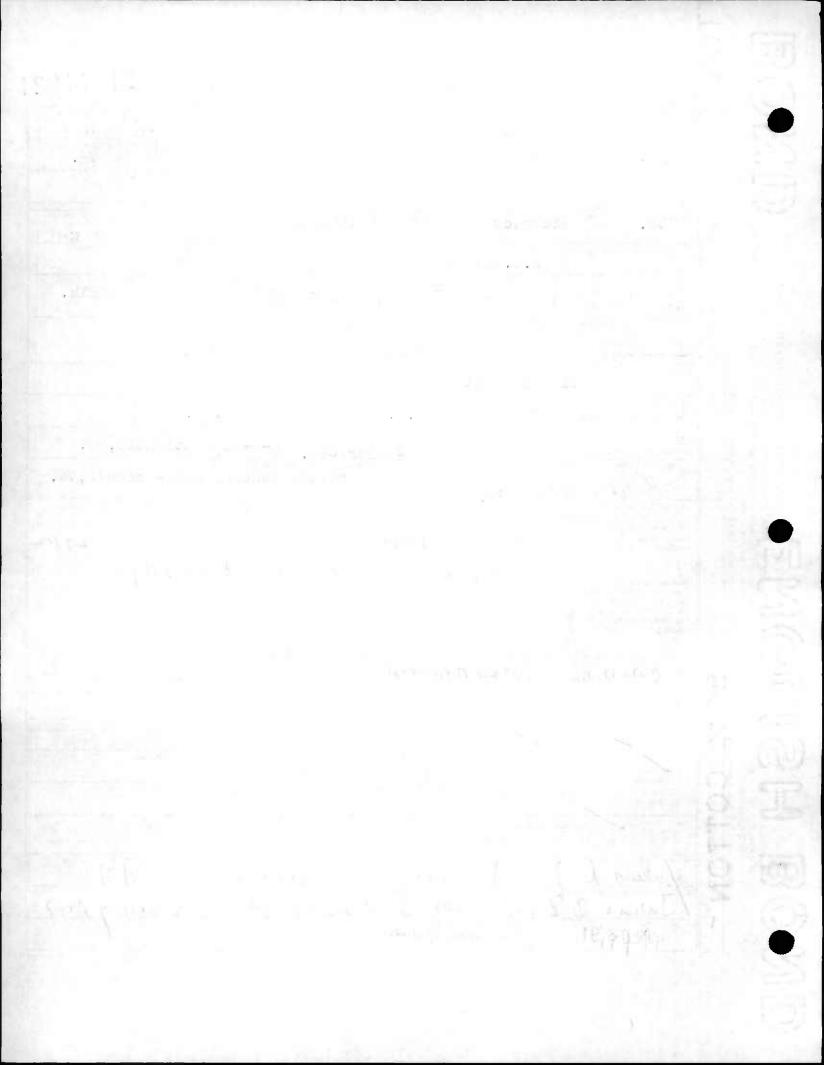
32. REGISTRAP'S EIGNATURE Andale

TO BE COMPLETED BY FUNERAL DIRECTOR

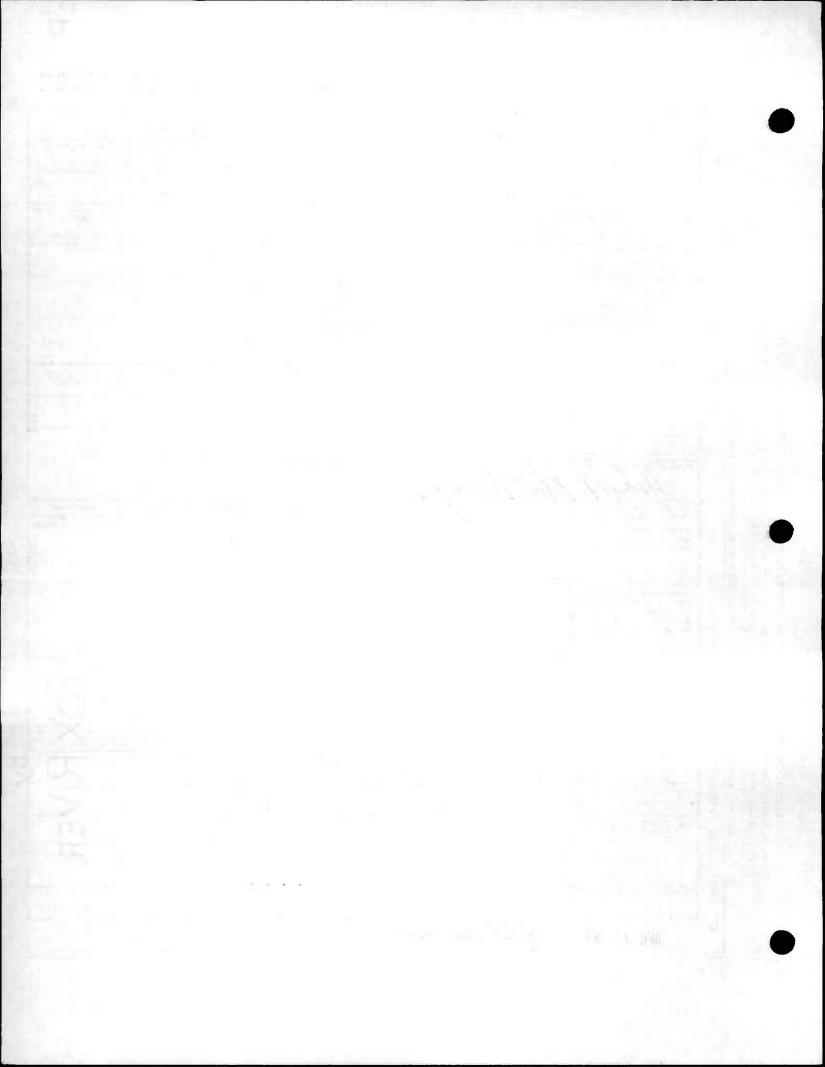
DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN REG. NO		31 1	102			
	DECEDENT'S NAME (First, Middle, Last SOCIAL SECURITY NUMBER	Milton		Smi	7 . 7	april	3 199		00			
	228-42-6688	12 M 2 □ F 65	YRS.	F UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH	25	BIRTHPLACE (State of Country) Va.				
OR	A Company of the second company of the second	ERAL HOSPITAL			ISBURY	EATH	WICO					
DIRECTOR	10e. STATE 10b. COUN	Ccomack	10c. CITY,	TOWN ARTIGO	Mitic			10d. INSIDE C LIMITS? 1 TYES 2				
FUNERAL	10e. STREET AND NUMBER	P.O.Box 2	12	10	1. ZIP CODE 23303		USA	OF WHAT COUNTRY	17			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	e or No — 14.	Black, White Specify:	ndlen,			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) Elementary		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo retired.)	ON ost of working	16b. KIND OF BU	m worl					
	17. FATHER'S NAME (First, Middle, Last)	lmore Smith			16. MOTHER'S NA	AME (First, Middle, Maider othy Cha	Surname)					
TO BE	190. INFORMANT'S NAME (Type/Print) George Smith		P.O.	Box 2	and Number or Rural	Aoute Number, City or Tox	vn, State, Zip Co	00)				
	20a_METHOD OF DISPOSITION 1	emoval from State	PLACE ANO OATE	r other place)	Cem. 4	-6-91	Atlan	tic, Va.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ** KUTHE: Wharton Funeral Home-Accomac, Va.											
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	BRAIN	DE-ATT	+				Interva Onset	dmate of Betwee and Dec			
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): MASSIVE WITHACLANIA HUNDRITHE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
DICAL CERT	resulting in death) LAST	d		-								
MEDICAL	PART II. Other algorificant condition of the condition of		THMIA	,	ng cause given in		RMED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	NOR TO OF CAUSI			
SICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000000			PLACE OF OEATH (C	heck only one)						
PHYSIC	1 TYES 2 DINO 27. MANNER OF DEATH	HOSP/IAL: 1 Limpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)		OF 28c. IN	me 5 Residence	a Other (Specify) 28d. OESCRIBE HOW	INJURY OCCU	RED				
ED BY	1 Pending 2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a PLACE OF INJUST	— At home, term, st		YES 2 NO	28f. LOCATION (Street City or Town, State		Rural Route Number,				
COMPLET	one)	YSICIAN: To the best of my know NER: On the basis of examination							as stated			
BE	296. SIGNATURE AND TITLE OF CERTIF	last	M		29c. LICENSE NO.	JMBER 432	29d. DATE 8	14 3 41	bar)			
10	30 NAME AND ADDRESS OF PERSON	BO COMPLETED CHUSE OF OE	TH (ITEM 27) (Type,	DIVI.	sion.	st s	ALI SI	sury p	p			



	HEGISTHAR											
,	1. DECEDENT'S NAME (First, Middle, La	DAILTINE	Ε					2. DATE OF MONTH	DA		YEAR	. TIME OF DEATH
1	Elizabeth	Ε.		-	terlin			03	31			3:58
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE		UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH sy; Year)		BIRTHPL Country)	ACE (State or Forei
	219-36-6334	1 🗌 M 2 💢 F	73	YRS.				SEPT.	21,	1917	MAI	RYLAND
3	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TO	OWN OR LO	OCATION OF D	EATH		9c. COUNT	TY OF DEA	TH
5	Peninsula Gener	al Hospita	1		Salisbury				Wicomico)
5	10a, STATE 10b, COU			100 CIT	Y, TOWN OR L	OCATION						Od. INSIDE CITY
DIRECTOR		WICOMICO		loc. Cri		SBUR	v					LIMITS?
100	10e. STREET AND NUMBER	WICOTICO			SALI	10f. ZIP						X YES 2 N
		OMD D D D				101. ZIP				10g. CITIZI		AT COUNTRY?
빌	901 E, CHURCH						21801				USA	
FUNERAL	1 Never Married 2 Married		YES 2 XI		II ye	es, specify	ENT OF HISPAI Cuben, Mexico	in, Puarto Rica		or No— 1	14. RACE — Black, V	- American Indian White, etc.
à	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES		1 🗆	YES 2	XNO Specif	y:			Specify:	WHIT
	15. DECEDENT'S I	DUCATION	16a DE	CEDENT'S	USUAL OCCU	IPATION		185 (4)	ND OF BUS	INESS/INDU	ISTOV	MUTI
	(Specify only highest g	rade completed)	(G	ilve kind of v	work done durin	ng most of	working	100. 10	NO 01 B03	111233/1100	Juli	
COMPLET	Elementary/Secondary (0-12)	NO	*	HOUSE	44TU					HOME		
≅ ŀ	17. FATHER'S NAME (First, Middle, Last)			110031	2M II IZ	10	MOTHER'S NA	ME (EL) Alice	dia Admirian d			
	WALTER	(unk)	TYL	ER			MAUDE	.m⊆ (F#31, M/OC	(unk)		MASON	Ţ
╏	19a, INFORMANT'S NAME (Type/Print)	(dille)			ADDRESS (D			Donate Morehous				4
2	ELIZABETH JONES	-DAHGHTEP					lumber or Rural				U000)	
		/4/91			E DF DISPOSI		HITTMA	-	_	576	Ma	
	1 🛱 Burial 2 🗆 Cremation 3 🗆 R	emoval from State	of cemetary	crematory	or other place	e)		DATE	1	CATION — C	•	•
- 11-	4 Donation 5 Other (Specify)	LICENSPE	- I WICO	MICO				SALISBURY, MD				
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOLLOUIS PAIL HOME DA											
	- // // a/	11 11 1			I IIV.	501 SNOW HILL RD, SALI						
	23/ PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death)	or complications the			50 not enter the	1 SNO	OW HIL	L RD,	SAL IS	BURY arre	et,	Interval Be
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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

										(0.1	11023
1 - FOR STATE REGISTRAR	STATE OF MAI		DEPAR					ENTAL	HYGIENI REG. NO.	Ε.) [11020
1. DECEDENT'S NAME (First, Middle, Lest)	MCKINNE	v	C	SMTTH	ı			2. DATE OF	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. la		IF UNDER		IF UNDER 2	4 HRS.	7. DATE OF	LL 14	, 199		7:45 P.M.M
5//-1b-bU3b	1 M 2 XF	YRS.	MONTHS DAYS HOURS MIN.							Countr		
9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN OR LOCATION OF DE							NTY OF D	EATH	
ST. MARY'S NURSIN	G CENTER			LF	CONARI	DIOW	N			ST.	MAF	RY'S CO.
MARYLAND ST. MA	DVIC				OR LOCATIO	N						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	KI S		P	BELL		IP CODE				10g. CIT	IZEN OF V	1 TYES 2 X NO WHAT COUNTRY?
P.O. BOX 133						206	06				U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E	YES 2 X	RMED NO	- 1	if yes, speci	Ify Cuban	Mexican,		(Specify Year ean, etc.)	or No-	Black	E — American Indian, k, Whila, etc.
3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		'	1 TYES 2	Жио	Specify:				Speci	WHITE
15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	(0	ECEDENT'S Give kind of v	work done o				16b, K	IND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12) 6TH GRADE	College (1-4 or 5+)			EWIF	E				HOM	Æ.		
17. FATHER'S NAME (First, Middle, Last)					1	18. МОТН	ER'S NAME	E (First, Mic	ddle, Maiden			
GEORGE MCKINNEY								BERK				
RUTH DISHMON			.O. B						City or Town	n, State, Zi 20606		
20a. METHOD OF DISPOSITION 1 □ Morial 2 □ Cremation 3 □ Remove	val from State		OF DISPOS						7	CATION -	City or To	own, Stata
4 Donation 5 Other (Specify)		WASHI	VGTON	_	ORIAL				SAN	DSTO	N, V	IRGINIA
In of	The o	•							R FUN	ERAL	HOM	E, P.A.
23. PART I. Enter the diseeses, or co	omnications that or	ev	eath Do r	P	.O. F	BOX_	270.	LEON	IARDIY	WN.	MD.	20650
ahock, or heert failure. L	ist only one ceuse	on sech iin	e.	ior emai	the mode	or uyıı	ig, auch	ea ceruie	с от геерг	ratory ar	1000,	Approximate Interval Between Onset and Death
disease or condition resulting in death)	Ext	ension	of	Cereb	rova	scul	ar H	emori	chage	str	oke)	immed.
		AS A CONSE										
Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSE	ascu]	lar a	ther	oscl	eros	is				
ceuse. Enter UNDERLYING CAUSE (Disease or injury												
thet initiated events resulting in death) LAST	DUE TO (OF	AS A CONSE	OUENCE OF	F):								
DAST II Oshan significant on distant					Section 1							1
PART II. Other significant conditional Heart Fail:	ure/coron	eth but not ary at	heros	in the un	oderlying o	cause g	iven in Pa		PERFOR	MED?	245	AMAILABLE PRIOR TO COMPLETION OF CAUSE
								-	T YES	МО ПО		OF DEATH?
								_				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕР				k only one)				
1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 El	IURY	3 DOA		R: sing Home 26c, INJUF	TA YF			Specify)	NJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	167	JURY	WORK	K?						
					1 YE	8 2	NO					
3 Suicide 6 Could not be	28e. PLACE OF II building, etc	iJURY — At h	ome, farm,			3 2	-	26f. LOCAT City or	ION (Street a Town, State)	and Numbe	or Or Rural i	Route Number,

32. REGISTRAR'S SIGNATURE

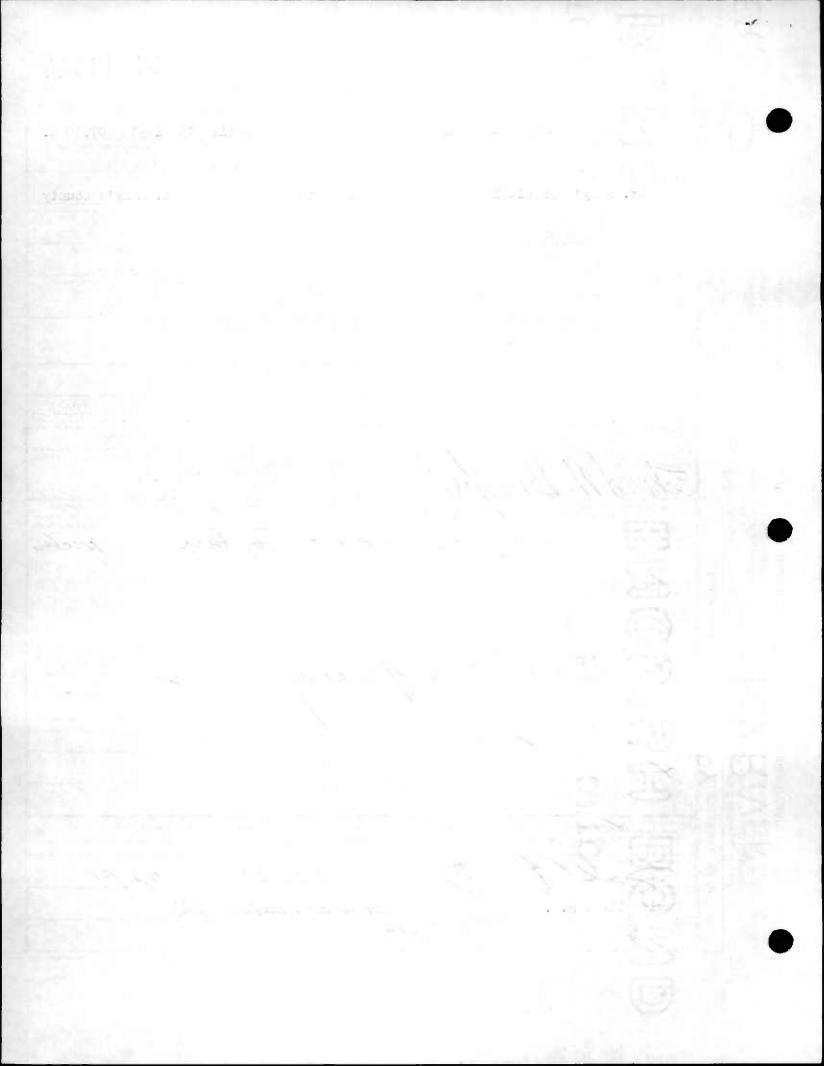
Lulia Davidson-Randell

6'9

PLETED CAUSE OF DEATH DIEM 2D (1904, Print)

EUGENE GUAZZO, M.D.
MARYLAND HURRMARY
CHARTICO, MARYLAND 20623

FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTA	L HYGIENI REG. NO.	E					
1. DECEDENT'S NAME (First, Middle, FRANCIS	WALTON STERNI	ALE			MONT		3 199	EAR	IME OF DEATH			
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Day, Year)	8.	BIRTHPLA(E (State or Foreign			
718-14-9066	1 M 2 □ F	86 YRS.	MONTHS DATS	HOURS MIN.		9, 19	04		CHUSETTS			
9e. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH				
St. Mary	s Hospital		Leona	ardtown			St. 1	lary'	s County			
RESIDENCE OF DECEDER	OUNTY	10c, Cl	TY, TOWN OR LOC	ATION				10d	, INSIDE CITY			
St. Mary RESIDENCE OF DECEDER 100. STATE 100. C	YORK	1	KITTERY					1	LIMITS? YES 2 X NO			
				01. ZIP CODE			10g. CITIZE					
10e. STREET AND NUMBER 1.2 HALSTEAD 11. MARITAL STATUS 1. Never Merring 2 Married			- 1	03904				U.S.A				
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPA			or No- 14	RACE — A	American Indian,			
1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			specify Cuben, Mexico S 2 NO Speci		Rican, atc.)		Specify:	itte, atc.			
									ITE			
15. DECEDENT (Specify only highes Elementery/Secondery (0-12) 1.2		(Give kind of	S USUAL OCCUPAT work done during ruse retired.)	TION nost of working	168	. KIND OF BUS	SINESS/INDUS	TRY				
Elementery/Secondery (0-12)	College (1-4 or 5+)		NARY ENG			PATI	ROAD					
17. FATHER'S NAME (First, Middle, Li	net)	DIATIO	TAKI DIVO	18. MOTHER'S NA	AME /Eleut			-				
						BETH W						
194 INFORMANT'S NAME (Type/Prin		19b. MAILIN	G ADDRESS (Stree	and Mumber or Breef	Dougle Muse	ther City or Tour	Ctata Zin C	ode)	00166			
ROBERT E. HEN	DRIX	7711	44th ST	REET WES	T. AF	PT. 48.	TACO	MA. W	98466 ASHINGTO			
20a. METHOD OF DISPOSITION		06. PLACE AND DAT	TE OF DISPOSITIO		DAT		CATION — CH	y or Town,	State			
1√ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation, 5 ☐ Other (Specif))	of cemetary, cremator	ry or other place) CEMETER	Y	4/1	7 MET	THUEN.	MASS	ACHUSETT			
21. SIGNATURE OF FUNERAL SERV	ICELICENSEE)	1	22. NAME	AND ADDRESS OF F	ACILITY							
TOMITUOU WI	· Danash	2		SFIELD FI BOX 279			•		ND 00650			
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant cor	diditions contributing to death	but not resulting	in the underly	ing cause given in	n Part I.	24s. WAS AN PERFOR 1 TYPES 2	RMED?	CO OF	HE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 1 NO			
25. WAS CASE REFERRED TO MEDI	material and delegated desprised the second			PLACE OF DEATH (C	heck only o	ine)		1				
1 TYES 2 NO	HOSPITAL:	utpetlent 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	6 D Oth	er (Specify)						
27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Year		ME OF 28c. I	NJURY AT	_	SCRIBE HOW I	MJURY OCCU	MED				
1 Natural 5 Pendin 2 Accident Investig	g I			YES 2 NO								
		RY — At home, ferm pecify)	, street, factory, of	fice		CATION (Street or Ewn, State)		Rurar Route	Number			
one)	PHYSICIAN: To the best of my kn								d manner as stated.			
	BTIFIER	*		29c. LICENSE NO	JMBER		29d. DATE	SIGNED (Mo	nth, Day, Year)			
296. SIGNATURE AND TITLE OF CE	(M- 11	7)		025	23	0	14	15/8	-			
30. NAME AND ADDRESS OF PERS		DEATH (ITEM 27) (Typ						1				
David Allen,	M.D.		Leonard	ltown, Ma	ryla	nd 20	650					
31. DATE FILED (Month, Day, Year)	32. REGISTRABIS ŞI	SON-Randal	2									



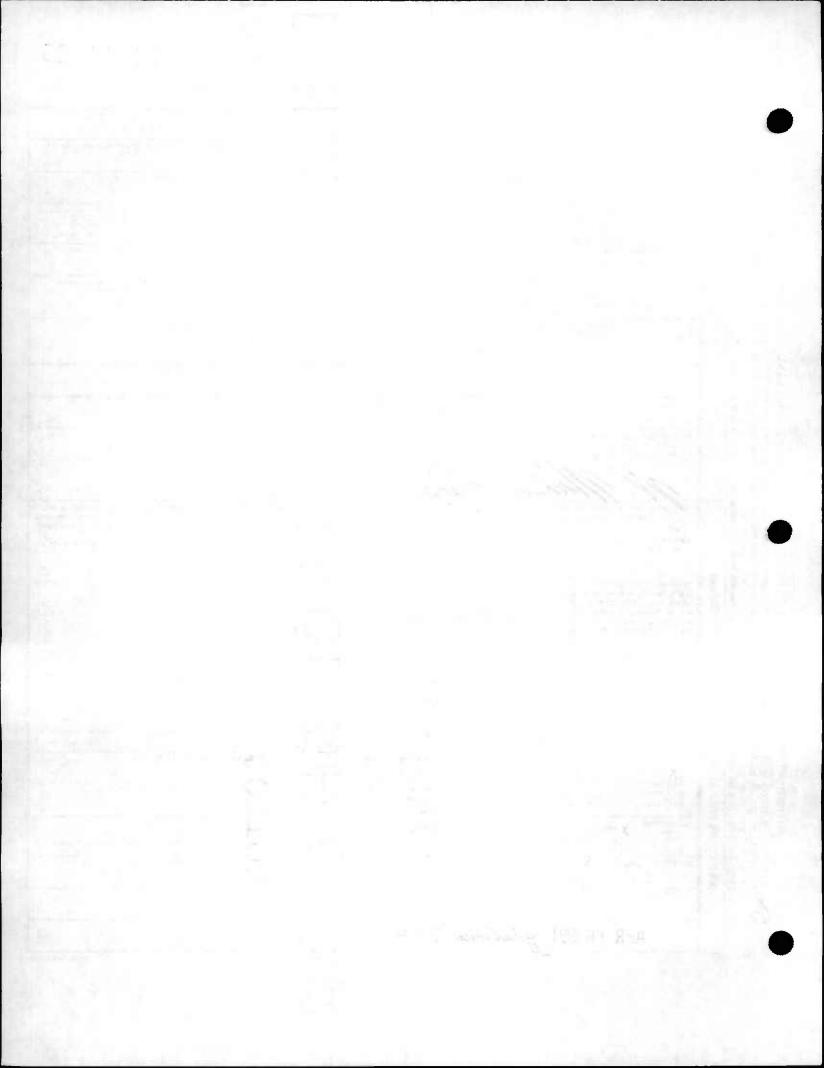
DHMH-16 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Manana	Strine M	arianna	Strine		2. DATE OF DEATH NONTH D	AY 9/4E	3. TIME OF DEATH S. OOP M		
P	4. SOCIAL SECURITY NUMBER 219-477207		n yrs. last birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-20-		BIRTHPLACE (State or Foreign Country)		
OR	Sa. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TOWN	IMC CE	17:1	9c. COUNTY	OF DEATH		
DIRECTOR	100. STATE 10b. COUNTY Maryland Carro			y, town on Loca		<i></i>		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
1 1	10e. STREET AND NUMBER	<u>**</u>			21776		ı ·	OF WHAT COUNTRY?		
BY FUNERAL	SAM CREEK ROAD 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye In, Puarto Rican, etc.) y:	s or No — 14.	.S.A. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	USUAL OCCUPATI work done during mo se retired.)	ON ast of working	16b. KIND OF BU	SINESS/INDUST			
OMP	7 17. FATHER'S NAME (First, Middle, Lest)		handi	icapped	18. MOTHER'S NA	n/a	Surname)			
BE C	Walter R. Stri	.ne				hel Haines				
10	19a. INFORMANT'S NAME (Type/Print) Ethel King					Route Number, City or Tow kesville.		,		
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Remo			E OF DISPOSITION		DATE 20c. LC	CATION — City	or Town, Stata		
	4 Donation 5 Other (Specify)		Sams Cre	ek Ceme	tery	nr.	New Wir	ndsor, MD		
	* (attarine	Q. KarBl	ler	New	Windsor	<u>·</u>				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List pnly one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate interval Betw Onset and Dr. Cause of the conditions of the cause of the caus									
MEDICAL	PART II. Other algolificant condition	s contributing to death b	ut not resulting	in the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2-11-11	26. P	LACE OF DEATH (C	heck only one)				
HYS	1 YES 2 NO	1 Impetient 2 ☐ ER/Outp 28a. DATE OF INJURY	28b, TIR	ME OF 28c. IN	JURY AT	6 ☐ Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUR	€D		
ВУ Р	T Natural 5 Pending Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, factory, offi	ce .	261. LOCATION (Street City or Yown, State	and Number or F	Rural Route Number,		
COMPLETED	Contour only >	ICIAN: To the best of my know						ause(s) and mattner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CENTURE 30, NAME AND ADDRESS OF PERSON WH	enson	_ U	10	P / 8	186	14	GNED (Morely, Day, Year)		
	S. Levinson		evindale	ALL STATE OF THE S	ric Cent	elvedere & er Balti	Greens more.	spring Aves.		
	ADD 15 '91	Selia Sevido	~ Handall							

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m can find the been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Page		nce.
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pletely	remati	ed or them 23 shows any injury, or other traumatic event, the medical examiner must be
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		OLITHIC	AIL OI	DEATH	2. DATE O			AR 3.	TIME OF DEATH
	Jackson P.	Tro	tt		Charles .	Apri				1635 M
	4. SOCIAL SECURITY NUMBER		No.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	7. DATE O (Month,	F BIRTH Day, Year)		SIRTHPL.	ACE (State or Foreign
- 1	217 36 6366	1 ☑ M 2 □ F 89	YRS.			11-7	-01	MI		
~	9a. FACILITY NAME (If not institution, give str			b. CITY, TOWN C	R LOCATION OF DI	EATH		9c. COUNTY	OF DEAT	ТН
FUNERAL DIRECTOR	Calvert Memoria	il Hospita	1	Prince	Frede	rick		Calve	ort	
Ä	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10	INSIDE CITY LIMITS?
ō	MD Calve	rt	Hunt	ingtow		_			_	YES 2 NO
M	10e. STREET AND NUMBER	Q	D . 1		. ZIP CODE					AT COUNTRY?
	3365 Hunting	Creek 12. WAS DECEDENT EVER IN	Road		0639		(O	USA		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecity Cuben, Mexica 2 NO Specific	n, Puarto Ri		1		- American Indian, Vhite, atc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAN ON DA	ATES	I L TES	2 NO Specif	у.			whit	te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. OECEDENT'S US (Give kind of wor life. Do NOT use i	NAL OCCUPATION	ON at of working	16b.	KIND OF BUS	INESS/INDUST	RY	
اي	Elementary/Secondary (0-12)	College (1-4 or 5+)	Farmer	etired.)			Aari	cultur	0	
¥	17. FATHER'S NAME (First, Middle, Last)		raimei		18. MOTHER'S NA	115 (Flora 14			6	
8	Cornelius S		Trot	t	Annie	WE (FISE, M	iddie, Maiden	,	Lyor	ns
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural	Route Numbe	er, City or Town	n, State, Zip Coo	ie)	
2	Esther G. Trott		same a	s 10 ab	ove					
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo		b. PLACE AND DATE Cometary, crematory or		(Name	DATE	20c. LO	CATION — City	or Town	, Stata MD
	4 Donation 8 DOther (Specify)	M:	iranda Cer	netery	4-18		Hui	ntingto	own	(Calvert)
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 1 1	2	22. NAME A	ND ADDRESS OF FA	CILITY				
	1/1/1/11/10	Rad M	Tops -		h Funera					20736
	23 PART L Entar tha diseases, or c shock, or heart fellure. I	omplications that caused	the death. Do not ach line.	anter the mo	de of dying, suc	h as cardi	ac or reepi	ratory errest		Approximate Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition THROMBOCY TO DENI O									Onset and Death
	resulting in death)	J	CONSEQUENCE OF:	PEONIL)					MONTHS
_		DREM								MONTHS
6	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Pros	TATE C	ANCE	P			<u></u>		YEARS
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION		1								
CAL	PART II. Other significent conditions	a contributing to death b	out not reaulting in	the undarlyin	g ceuae given in	Part I.	24s. WAS AN PERFOR			/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
20							1 YES 2	1	C	OMPLETION OF CAUSE OF DEATH?
M						_			1	☐ YES 2 ☐ NO
Ä	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (CI					
H	27. MANNER OF DEATH	1 N Inpatient 2 ER/Outs 26s. DATE OF INJURY	28b. TIME	7	IURY AT			NJURY OCCUR	ED	
Y P	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY WO	YES 2 NO					
D BY	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, str	et, factory, offic	4		TION (Street a	and Number or i	Rural Flou	ite Number,
E	4 Homicide detarmined		ony,			Oity c	, iown, olate)			
COMPLETED		CIAN: To the best of my know	riedge, death occurred	at the lime, date	and place, and du	a lo lhe cau	ee(a) and mai	ner as stated.		
S S	one) 2 MEDICAL EXAMINE	R: On the beals of examination	on and/or investigation,	In my opinion,	feath occured at the	lime, data	and place, an	d due to the c	nuse(a) a	and manner ea stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIES				29c. LICENSE NU			29d, DATE S	GNED (A	Aonth, Day, Year)
TO B	Cum				D290	06/		> 4	116	191
	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Type, F	rint)						1
	Charles Judge	e, M.D.	ATURS .		Prince	Fre	deric	ck, Mc	1. 2	20678
	APR 16 1991	32 REGISTRAN'S SIGN	n-Aandell							



DIVISION OF WITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHE SCAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		iner must be notified at once.
TO THE FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

191

30. NAME A...

Jey W.

31. DATE FILED (MONTH, Day, YE

						0	11027
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		1 1 0 1 1
4250	1. DECEDENT'S NAME (First, Middle, Last)		77.7		2. DATE OF DEATH		3. TIME OF DEATH
- 1	Alma Elizabeth	Terry			3 2	-	
		5. SEX 8. AGE (In yrs. is	st birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
i	577-09-6749	1 D M 2 F 82	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 02/07/09		Country)
	9e. FACILITY NAME (If not institution, give stre	et and number)	9b. CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY	enbrook. PA
α							
5	9304 Compton Stre	et	I Si	llver Spring		Monte	gomery
DIRECTOR	Maryland Prince	George's	10c. CITY, TOWN Lanh				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 7218 Kidmore Lane			101. ZIP CODE 2 (0706	_	of what country?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 A Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S.A.I. FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif	en, Puerto Ricen, atc.)	e or No- 14.	RACE — American Indian, Black, While, etc. Specify: White
	15, DECEDENT'S EDUCA	TION 16a. D	ECEDENT'S USUAL (OCCUPATION	16b. KIND OF BU	SINESS/INDUST	TRY
	(Specify only highest grade or	College (1-4 or 5 +)	Give kind of work done is. Do NOT use retired.,	during most of working			
4	Elementary/Secondery (0-12)	Ca	afeteria	Worker	P.G. Co	ounty S	Schools
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) George Arnold				ME (First, Middle, Meiden La Frank	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Norman D./Terry, J			S (Street and Number or Rural			
		r. 9.	304 Compt	on Street, S			
	200. METHOD OF DISPOSITION 1 Burlel 2 Cremellen 3 Remov 4 Donation 5 Other (Specify)	ral from State George	e and date of dis e "Wash'ing	position (Name Cton Cemetery	703/30/91	Adelph	or Town, State
3	21. SIGNATURE OF FUNERAL SERVICE LIFE	NGEE) /)	F22	NAME AND ADDRESS OF FA	CILITY E	anna 1 II	Ioma DA
	D / 100 / 1	13.0V	1, -	20 Paladaan	S SUIIS FUI	lerar r	iome, PA
	/ Jan 10	our wer					le, MD 20781
	23. PART I. Enter the diseases, or co	implications that caused the di let only one cause on each lin	leath. Do not ente	r the mode of dying, suc	ch es cardiac or resp	iretory errest	, Approximate Interval Between
Ñ	IMMEDIATE CAUSE (Final	^	•				Onset and Dasth
	disease or/condition	Kesn. Fat	Fa.	luce			
	resolding in death) . a.	DUE TO (OR AS A CONSE	EOUENCE OF):				
-		E alma					
0	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A CONSE					
Ä	cause. Enter UNDERLYING						
프	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):				
E	resulting in death) LAST						
CERTIFICATION	d.						
	PART it. Other aignificent conditions	contributing to deeth but not	resulting in the u	ındariying ceuse given ir			24b. WERE AUTOPSY FINDINGS
2					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
60				P4 17		A NO	OF DEATH?
Σ					_		1 TES 2 NO
A	or was over personen an menoni						
$\overline{\mathbf{c}}$		HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)		
YS		1 Inpatient 2 ER/Outpatient		ursing Home 5 Residence	8 Other (Specify)		
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY At h	nome, farm, street, fa	ctory, office	281, LOCATION (Street	end Number or	Rural Route Number
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)		,	City or Town, State		
COMPLETED	29e. CERTIFIER	And the second second second				Salle Service	
₽.	(Check only	IAN: To the best of my knowledge, d					
ő	2 MEDICAL EXAMINER	On the basis of examination end/or	r Investigation, in my	opinion, death occured at the	lime, date end place, a	nd due to the c	ause(e) end manner ee stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
00	by 10 he			0245	71		127/91
5	30. NAME AND ADDRESS OF PERSON WHO				*		

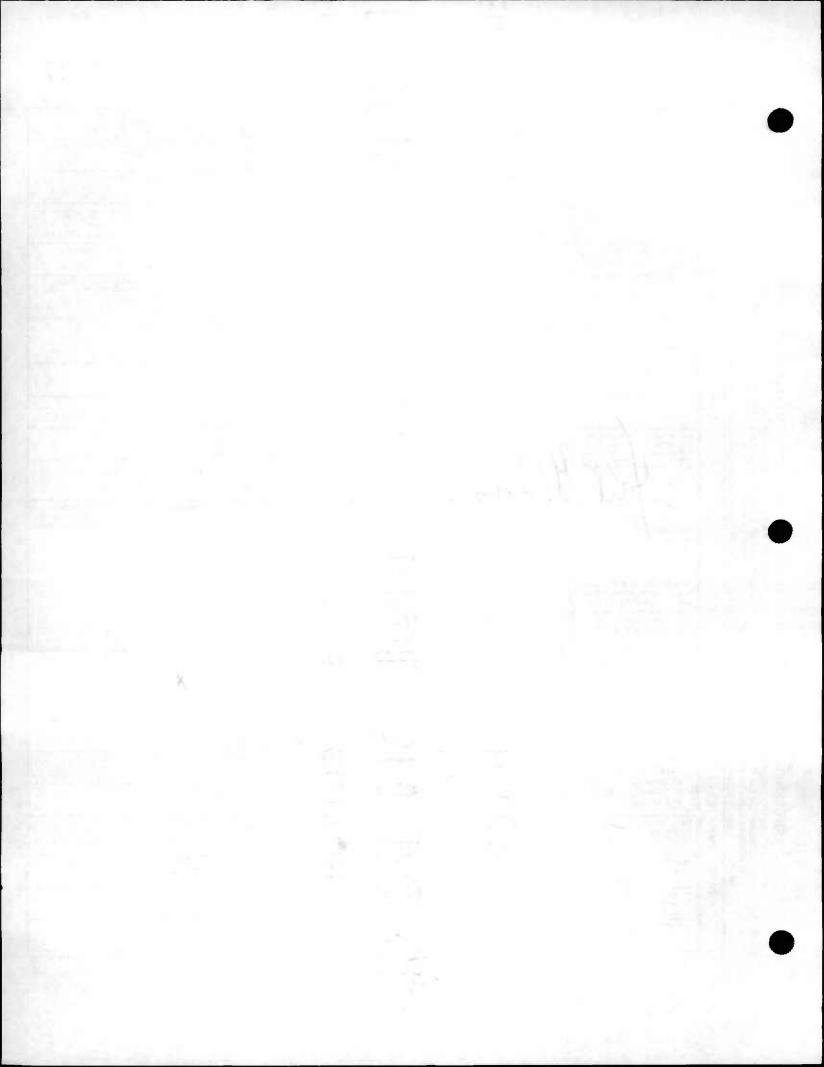
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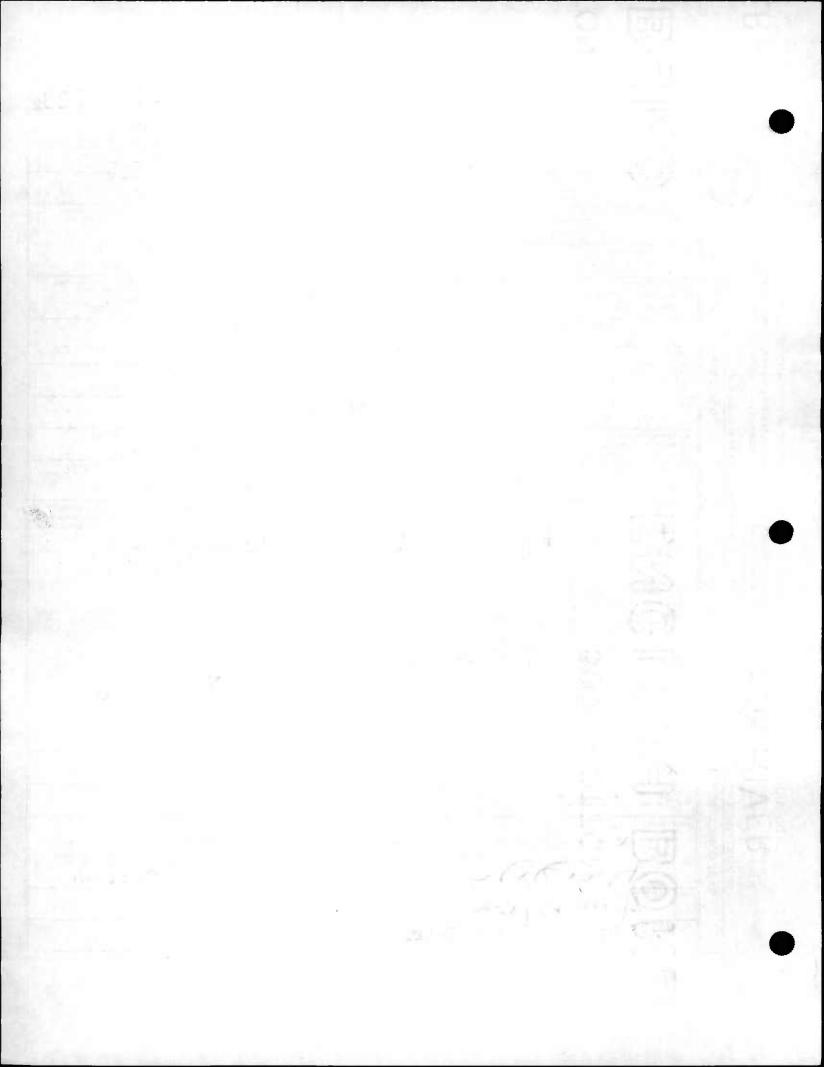
OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

DHMH-16 Rav 1/89



	1. DECEDENT'S NAME (First,	, Middle, Last)						DEAT		2. DAT	REG. NO		21	3. TIME OF OEATN	
	IRVIN						THO	1AS		MON	2.5	1	99°1"	10:56 A	
- 1	4. SOCIAL SECURITY NUMB 214-30-8712		5. SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATI	OF BIRTN	1935	Coun	HPLACE (State or Foreitry) ensboro,	
₩.	9e. FACILITY NAME (If not in		street and number)			9b. CITY, TOWN OR LOCATION OF DE							TY OF DEATN		
	EASTON M		AL HOSPITAL			EA	EASTON				TALBO			T	
F	10e. STATE	10b. COUNT				ry, town o								10d. INSIDE CITY LIMITS?	
	MD Caroline				G	reens	_	O ZIP CODI				100 01	TIZEN OF	1 TYES 2 X NO	
	Rt. 2 Box 15	50						1639				1 -	SA	WIAT COURTE	
1	11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Divo		12. WAS DECEOE FORCES? IF YES, GIVE	IT EVER IN U.S. I YES 2 MAR OR DATES			f yes, sp	B DECENDENT OF NISPANIC ORIGIN? (Specify Yes, specify Cuben, Mexican, Puerto Ricen, atc.) YES 2 [X NO Specify:			e or No-	Blec	E — American Indien, ck, White, etc. City: Black		
1		EDENT'S EDU		16a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON st of workin	107	16	b. KIND OF BU	JSINESS/IN		-	
	9 Elementary/Secondary (C		College (1-4 or 5		rmer-			man						Nursery	
Ľ	William Colli	ins Th	omas	_				Gra	HER'S N	unk	nown)	Tho	mas		
-	Deborah Ri				Rt.2	Box	150	Gre	or Rural ensi	Route Nu OOPO	MD .	21639	(Ip Code)		
II 1	20e. METHOD OF OISPOSIT TO Burlel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	noval from State	of cemeta	CE ANO DAT ary, cremator Kers	y or other p	lace)			1	TE 20c. L			own, State	
2	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	>		22.	NAME A	D ADDRE		ACILITY	Greet	rsboi	ro, N	1D 21639	
	ahock, or h	ahock, or heart failure. List only one cause on aech line. IMMEDIATE CAUSE (Fine) disease or condition										Approximate interval Bet Onset and I			
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING											500	-las		
	if sny, leeding to imme cause. Enter UNDERLY	diate ING	b	`			Cosc	Wev.	DNC	la	30,00	530	alas.	2	
	if sny, leeding to imme	diate ring ury	b	`	SEOUENCE (OF):	CBS	Wev.	NC.		2	550 550	al al	2	
	if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	odiate ING ury	b	O (OR AS A CON	SEOUENCE (DF):					24a, WAS A	N AUTOPS'		b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 DES 2 INC	
	If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS	ediate iNG ury ST	b	O (OR AS A CON	SEOUENCE (DF):	nderiyin	g couse	given in	ı Part i.	24a. WAS A PERFC	N AUTOPS'		b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
	If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS PART II. Other significations of the cause of t	ediate iNG ury ST	b. DUE TO c. DUE TO d	O (OR AS A CON	SEOUENCE (OF): OF): OTHER	26. P	g ceuse	given in	n Part i.	24a. WAS A PERFC 1 DEPERFC	N AUTOPS'		b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
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	If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS PART II. Other significations of the control of the control of the control of the control of the cause of the cau	odiate ING ury ST Condition of MEOICAL	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2'	O (OR AS A CON-	SEOUENCE C	OF): OTHEL 4 Nur	26. PR: sing Hon 28c. IN.	g ceuse	given ir	Part i.	24a. WAS A PERFC 1 DEPERFC	N AUTOPS'PRMED?	Y 24	b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	
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	If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS PART II. Other significates 25. WAS CASE REFERRED TEXAMINER? 1 TEXT YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only) 1 CERTIFIER	ant condition TO MEDICAL Pending Investigation to be determined	b. DUE TO c. DUE TO d	D (OR AS A CON: D (OR AS A CON	SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C	OF): OTHEL A \cap Nur ME OF JURY M street, fact	26. PR: sing Hon 28c. IN. Wt 1 tory, office	g couse	DEATH (C	heck only 6 Ot 28d. D	24a. WAS A PERFC 1 DESCRIBE NOW. DCATION (Streety or Town, States aussels) and m	N AUTOPS' RMED? 2 □ NO INJURY C	Y 24	b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 DES 2 INC	
	If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS PART II. Other significates 25. WAS CASE REFERRED TEXAMINER? 1 TEXT YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only) 1 CERTIFIER	Pending Investigation Could not be determined	b. DUE TO c. DUE TO d	D (OR AS A CON: D (OR AS A CON	SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C	OF): OTHEL A \cap Nur ME OF JURY M street, fact	26. PR: sing Hon 28c. IN. Wt 1 tory, office	G couse	DEATH (C	heck only 8 0 01 281. LC	24a. WAS A PERFC 1 DESCRIBE NOW. DCATION (Streety or Town, States aussels) and m	N AUTOPS' RMED? 2 □ NO t end Numb e) anner as a send due to	Y 24 CCURED are or Rural tated,	b. WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 DES 2 NO PROUTE Number,	
2	If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS PART II. Other signification of the control of the contro	ediate ING ING ING ING ING ING ING ING ING ING	b. DUE TO c. DUE TO d	D (OR AS A CON: O (OR	SEOUENCE (SEOUENCE (OTHEL OTHEL A - Nur ME OF JURY M street, fact	26. PR: sing Hon 28c. IN. Wt 1 tory, office	g couse of the second plac	DEATH (C sidence NO No	heck only 8 0 01 281. LC	24a. WAS A PERFC 1 DESCRIBE NOW. DCATION (Streety or Town, States aussels) and m	N AUTOPS' RMED? 2 □ NO t end Numb e) anner as a send due to	Y 24 CCURED Dec or Rural tated, the ceuse	b. WERE AUTOPSY FINI AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 Posts 2 INC Route Number,	



YEAR

3. TIME OF DEATH

> Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

REG. NO.

2. DATE OF DEATH MONTH

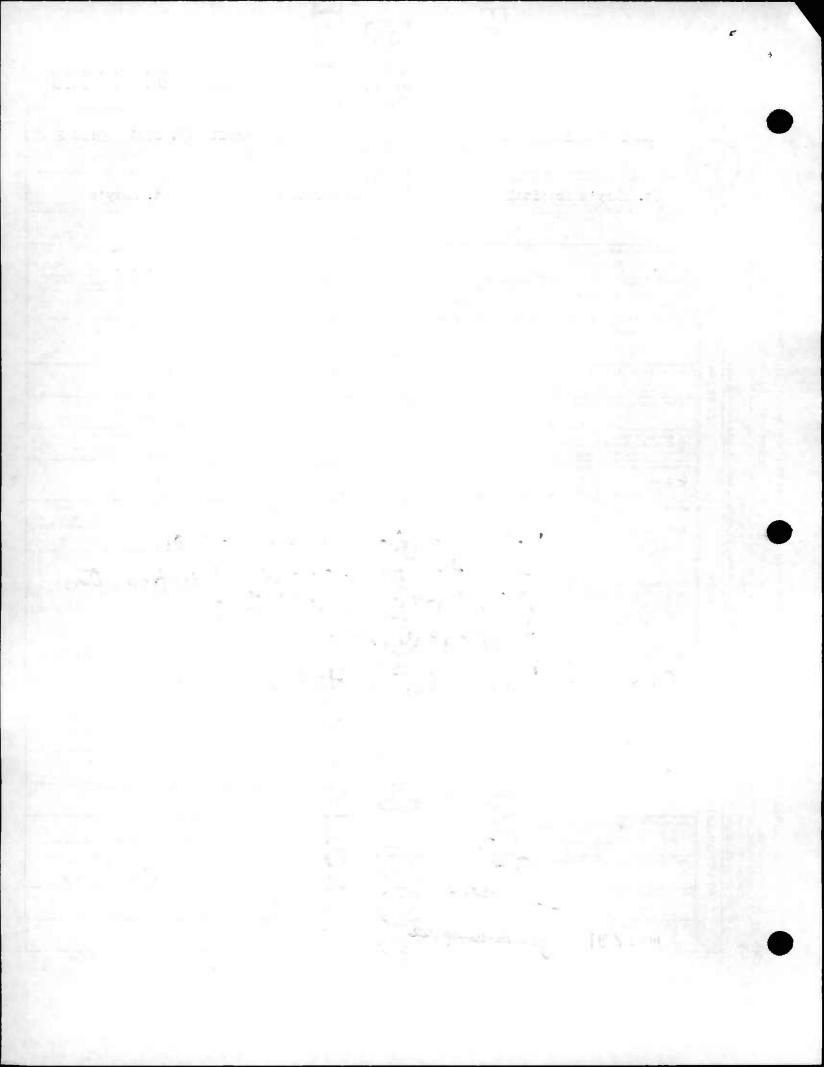
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		_	MARY WASHI	NGTON TIT	RNER					A	oril	11	5. 1	991	3:50 P
		-	SOCIAL SECURITY NUMBER	5. SEX	1110000	s. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HR	10.5	OF BIR			8. BIRTH Country	PLACE (State or Foreign
20		P	229-28-1175	1 🗌 M 2 💢 F	61	YRS.				JUL.	Y 4,	192			GINIA
- S	pes 1, 2, 3 should	-	FACILITY NAME (If not institution, give						R LOCATION O					ITY OF DI	
94		0	St. Mary's H	ospital			I	eon	ardtow	n .			St	. Ma:	ry's
10		DIRECTO	10e. STATE 10b. COUR	ITY		10c. CIT	Y, TOWN OF	R LOCATI	ON		-			1	10d. INSIDE CITY
Ä			MARYLAND ST.	MARY'S		LE	XINGT	ON	PARK		LIMITS?				
E		AL	10e. STREET AND NUMBER					101.	ZIP CODE			T	10g. CITI	ZEN OF W	NAT COUNTRY?
		5	RT. #3, BOX 29	8		20653				U.S			.S.A	•	
020 physican burial-tra		FUN	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S	IN U.S. ARMED 13. WAS DECEMBENT OF HISPAN							or No-	14. RACE	- American Indian, Whits, atc.
0020 physic		BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	X_NO			cify Cuben, Me 2 🔯 NO St		Rican, a	atc.)		Spech	y:
215-0020 attending physic ree as the burial		ED 8		<u> </u>									- 1		WHITE
121		ETE	15. DECEOENT'S E (Specify only highest gra	de completed)		(Give kind of life. Do NOT us	work done di	CUPATIO uring mos	N I of working	1"	ib. KIND	OF BUSI	NESS/IND	USTRY	
D 21		21	Elementary/Secondary (0-12)	College (1-4 or 5+	•)		MAKER	,							
AND.	SCE.	COMPL	17. FATHER'S NAME (First, Middle, Last)			HOME	THREN		18. MOTHER'S	NAME (First	Middle	Maiden S	(emama)		_
_	i o		WALTER HEFFLI	N					EFFI			ETH		VEC.	
MARY retained by 5 should by	20 30314	B	19e. INFORMANT'S NAME (Type/Print)		_	19b. MAILING	ADDRESS	(Street a	DFFI.					VES	
	2	2	FRANK TURNER, J	R.											ND 20653
may be	3		20e. METHOD OF DISPOSITION		20b. PL	ACE AND DAT								City or To	
S 6 m	must		1 X Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	TRT	NITY M	EMORT	AL	GARDEN	S 4/	18	WALI	OORF	. MAI	RYLAND
ALTIMORE leath. Page 6 may funeral director, par		ı	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	20	0	22. N	AME AN	D ADDRESS O	F FACILITY					
4 0 2	ı. examiner		1 1/1/	XV	11.0	1/4			FIELD :						LAND 20650
BA after dee			23. PART I. Enter the diseases, of	r complications/the	t reused the	a death Do									Approximate
- E	_ 9		shock, or heart fellur	e. List only one csu	on each	line.	DC arricor	uio iiio	or dying,	addii aa ce	TOIGE O	i idabii	atory are	out,	interval Between
24	nou.		IMMEDIATE CAUSE (Final disease or condition	1100	+:	1. 1		_	Fi h	1.1		+	2.		Onset and Dea
760, ted within completely	event,		resulting in deeth)	e. DUE TO	(OR AS A CO	NSEOUENCE O	Di W			411	a	111		-	
58760, executed within and completely	burial, atic ev	_		. Ac	t	0. 1	1.	01	2.0	1:	. 1		1		ction
X 6	rior to buni traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE O	F):		ecr		7	u	10	CW	Clas.
BOX ate be e		S	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	· NIC	ils	ote	1	m	oll	iti	2				
ortifica	giene	뜯	that initiated events	OUE TO	(OR AS A CO	NSEQUENCE O	F):	•			2	7			144
P. ath catherendi	E P	H	resulting in death) LAST	d. 1	Per	tei	2	0	n						
OS,	th and Menta any injury.		PART II. Other significant condit	ona contributing to	death but r	not resulting	in the un	derlying	cause giver	in Part I.	24n. 1	WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDING
RECORD requires that the	and in	EDICAL	Chan	DI		0 1	0	4	TH			PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
CO	WS a	입	Chrovic	1810	ne	his	1	1	1/5	ma		YES 2	PNO		DF DEATH?
R / requ	sho	Σ													1 1E3 2 NO
AL has	n 23	IAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH	Check only	one)				
DIVISION OF VITA OR ATTENDING PHYSICIAN: The	h the State D	PHYSICI	EXAMINER?	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER 4 Nurs		e 5 🗆 Resider	nce 8 🗆 Ot	her (Spec	olfv)			
YSICI/	th the	<u>₹</u>	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. T/A	E OF JURY	28c. INJ	URY AT	28d. D	EȘCRIBE	HOW IN	JURY OC	CURED	
O E E	marked,	BY F	1 Natural 5 Pending 2 Accident Investigation		ay, rown		М		ES 2 NO						
O NIDIN	r dea		3 Suicide 8 Could not	26a. PLACE O	etc. (Specify)	At home, farm,	street, facto	ory, office			CATION by or Town		nd Number	or Rural f	loute Number,
DIVISION OR ATTENDING F	hours after death v	ETE	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,, 0, 10,,,	n, olale,			
9 8 B	hours	2	29e. CERTIFIER (Check only	YSICIAN: To the best of	my knowledg	e, death occur	ed at the ti	me, date	end place, end	due to the o	euse(s)	and man	ner ee ata	ted.	
PITAL	in 72	COMPL	ana)	INER: On the basis of	communition en	d/or investigati	on, in my o	pinion, d	eath occured at	the time, de	te end p	elace, end	dus to th	ne cause(e) end menner as stated.
HO N	With		29b. SIGNATURE AND TITLE OF CERTIF	TER O	1				29c. LICENSE	NUMBER		1	29d. DAT	E SIGNED	(Month, Day, Year)
五五	be filed within 72 h	BE		Ugi	1				D236				1	4_	17-91
FF	Δ=	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAN	Бибоприя н	(ITEM 27) (Type	, Print)		2230						
			A. PATIL, M.D.		-			0650	0						
			31. DATE FILED (Month, Day, Year)	LEONARI 32. REGISTRA Gulia Davi	AR'S SIGNATU	RE NO						_			
1	2		HLU T 1.21	Gelia Davi	dson-Na	· luma									

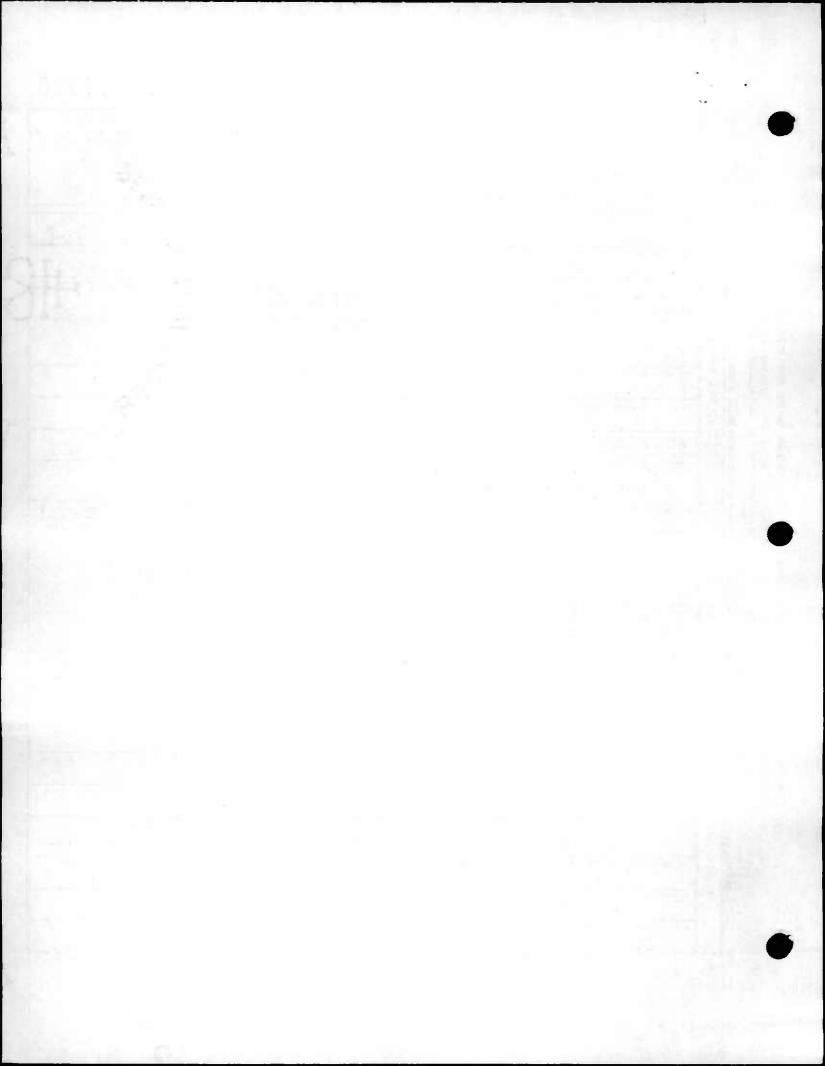
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89



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13146,	mindely bad undebin
BOX	of cases
P.0	
RECORDS	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
DIVISION	

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN		1 11030		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	3. TIME OF DEATH		
	\	Virginia		r	Tabron		April 8.	1991	1:58 P M		
(. p) [4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country)		
1.1	7	577-42-8232	1 - M 2 - F	52 YRS.	aontrio Date	MIM.	SEPT. 17,	MARYLAND			
a de		9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH		
1,2,3 \$6	ривестоя	Physicians Memor	ial Hospital	Dital La Plata				Charles 10d, INSIDE CITY			
nit. Pages		MARYLAND CH	ARLES		NJEMOY				LIMITS?		
n. anait per	FUNERAL	10e. STREET AND NUMBER ROUTE #1 BOX #68				20662		UNITE	OF WHAT COUNTRY? D STATES		
ding physician.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexico ES 2 XNO Specif		ss or No 14.	RACE — American Indian, Black, White, stc. Specify: BLACK		
the hospital or attending detached for use as the once.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	S USUAL OCCUPA work done during use retired.)	TION most of working	166. KIND OF B	USINESS/INDUS	TRY		
he hospit detached	N N	7TH GRADE	NONE	DOMEST	10						
	- 1	17. FATHER'S NAME (First, Middle, Last) JESSE A. KEYS					AME (First, Middle, Maide TH WILLIAN				
	8	19a. INFORMANT'S NAME (Type/Print)	-	195 MAIL IN	G ADDRESS /Street		Route Number, City or To		(a)		
De 5	2	CYNTHIA TABRON					EMOY, MARY		20662		
_ 2 € L		20a. METHOD OF DISPOSITION 1 ◯ Burial 2 □ Cremation 3 □ Rame	oval from State	other place)		cemetery, cremetory or		OCATION — City			
0 0 -		4 Donation 5 Other (Specify)		r. HOPE		CEMETERY		ANJEMOY	, MARYLAND		
r death. re funeral al. exami		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY THORNTON'S FUNERAL HOME, POMONKEY, MARYLAN									
ted within completer (completely filled in by the ial, cremation, or emoval.)		23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a		OFI:				Interval Between Onset and Death		
certificate be executed ding physician and com tygiene prior to burial, r other traumatic ex	IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
. E 2 - 0	CERTIFI	resulting in death) LAST	d								
the death the attend d Mental H	F C	PART II. Other significant condition	s contributing to death	but not resulting	in the underly	/ing Cause Given in	Part I. 24e. WAS /	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
taw regulres that the as been signed by the lept, of Health and M 23 shows any Inju	MEDIC						PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
£ 5 m	AN	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C					
N: The ta ficate has State De Item 2	Si	EXAMINER? 1 YES 2 NO	HOSPITAL:	tootlant 2 - DOA	OTHER:						
PHYSICIA this certif with the	PHYSICIAN:	27. MANNER OF DEATH 12 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. T	IME OF 28c.	INJURY AT WORK? YES 2 NO	28d. OESCRIBE HOV	V INJURY OCCUP	RED		
TTENDI TOR: A after de 28 is	тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm	, street, factory, o	iffice	281. LOCATION (Stree City or Town, Sta		Rural Route Number,		
7 7 7 7	COMPLETED	cond only	CIAN: To the best of my kno						cause(a) and manner as stated.		
TO THE HOSPITA TO THE FUNERA De filed within 7.	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Jevler	₍ wn		29c. LICENSE NU D21031		29d. DATE S	IGNED (Mongh, Day, Year)		
FFA	10	30. NAME AND ADDRESS OF PERSON WH MICHAEL A. LEATHER	O COMPLETED CAUSE OF D	BOX 249	pe, Print) WALDOR	F,MARYLAN	B 20604				
		31. DATE FILED (Morith, Day, Year) APR 1 2 '91	32. REGISTRAR'S SIG								
-			AND I						DHMH-16 Rev 1/89		



TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detache ral.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos

31. DATE FILED (Month, Day, Year)

APR 15 '91

	FOR STATE REGISTRAR		STATE OF MA			CATE (GIENE G. NO.			
(1. DECEDENT'S NAME (First,		A. TI	aver	5					DATE OF DE	DAY	9	YEAR	3. TIME OF DEATH 3. TIME OF DEATH M
P	SOCIAL SECURITY NUMBER 215-07-547	ER	5. SEX 1 M 2 D F	AGE (In yrs. last		IF UNDER 1 Y	-	F UNDER 24 H	HRS. 7. 8	Aug.	RTH	.904	Countr	PLACE (State or Foreign
TOR	Baltimo	re Cou	nty Gen.	Hospita	al	эь. сіту, то R		LOCATION				9c. COUN		EATH LMOTE
DIRECTOR	100. STATE Md.	10b. COUNTY	ltimore		10c. CITY, TOWN OR LOCATION Pikesville								10d. INSIDE CITY LIMITS? 1 TYES 2 NO	
FUNERAL	100. STREET AND NUMBER 804 01.1	mstead	Road			· - ·		2120	8			10g. CITIZ		S.A.
ΒY	11. MARITAL STATUS 1 Never Married 2 5 3 Wildowed 4 Divorce		12. WAS DECEDENT IF FORCES? 1 IF YES, GIVE WAR	EVER IN U.S. AR YES 2 (1) OR DATES	MED IO	If yo		ly Guben, N		RIGIN? (Spe lerio Ricen,		or No	14. RACE Black Speci	E — American Indian, k, White, etc. White
COMPLETED	15. DECE (Specify only Elementary/Secondery (0-	DENT'S EDUCA highest grade of	ATION completed) College (1-4 or 5+)	(Gi	ive kind of w Do NOT us	usual occu rork done duri e retired.)	ing most o			186, KIND		ness/mo		Supply
BE CON	17. FATHER'S NAME (First, Mic Frederi		Travers					olga		First, Middle, chant		Surname)		
5	190. INFORMANT'S NAME (75) Ottilie W		d			address (S								21136
	20e. METHOD OF DISPOSITION 1 M Burlet 2 □ Cremetion 4 □ Donation 5 □, Other (n 3 🗌 Remo	val from State	20b. PLACE other pla	of dispos Druid	Ridg	e Ce	enete	ry or			kesv	-	wn, State e, Md.
	21. SIGNATURE OF HUNERFAL	SERVICE LICE	llarelt	_		Eck	hard		nera	l Cha	-	Owin	os N	21117
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAOSE (Final disease or condition resulting in death) a. Cardiac area area.													
	DUE TO (OR AS A CONSEQUENCE OF): Lengt Failure Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF):													Onset and Daath
TION	Sequentially list conditions of the sequential sequenti	liata	Re	ras a consec	Far	luce								Onset and Daeth Suddle
ERTIFICATION	Sequentially list condition	dieta NG ry c.	Re	R AS A CONSECUTION OF AS A	Far	luce	ma	-						Onset and Daeth Suddle 1 gg
: MEDICAL CERTIFICATION	Sequantially list condition in the sequential in the sequence of the sequence	dieta NG ry d	DUE TO (O	R AS A CONSEC M R AS A CONSEC AS A CONSEC R AS A CONSEC	Far DUENCE OF DUENCE OF	lure jelos	arlying co	cause give	en In Part		WAS AN A PERFORM	MED?	24b	Onset and Daeth Stadolc 1 GY 3-GY WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AL	Sequentially list condition of the cause. Enter UNDERLYIF CAUSE (Disease or injust that initiated evants resulting in death) LAST PART II. Other algnifications of the cause o	dieta NG c. r d	DUE TO (O	R AS A CONSEC M R AS A CONSEC AS A CONSEC R AS A CONSEC	Far DUENCE OF DUENCE OF	lure for the under		cause give		. 1 🗆	PERFORM	MED?	24b	Jaddle Jagu Jagu Were Autopsy Findings Amalable Prior to Completion of Cause DF DEATH?
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ED BY PHYSICIAN: MEDICAL	Sequentially list condition of the cause. Enter UNDERLYING CAUSE. (Disease or injust that initiated evants resulting in death) LAST PART II. Other algnificates and the cause of the cause	o MEDICAL	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSECUTOR AS A CONSECU	DUENCE OF COUNTY OF THE PROPERTY OTHER: 4 Mursing MY M	26. PLAC g Home : 8c. INJURY WORK! 1 YES	SE OF DEAT	FH (Check of lence 8 284	only one) Other (Spe	PERFORM YES 2 Vicity) E HOW IN	MED?	CURED	Jaddle Jagu Jagu Were Autopsy Findings Amalable Prior to Completion of Cause DF DEATH?	
ED BY PHYSICIAN: MEDICAL	Sequentially list condition of the cause. Enter UNDERLYIF CAUSE (Disease or injurt that initiated events reauting in death) LAST PART II. Other aignificer 1 YES 2 AND 27. MANNER OF DEATH 1 Matural 5 PAGE 1 Accident 3 Suicide 8 Check only 1 CERTIFIER (Check only 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 2 CERTIFIER (Check only 1 CERTIFIER 2 CERTIF	ont conditions MEDICAL Pending mestigation Could not be betermined	DUE TO (O DUE TO (O	R AS A CONSECUTE AS A	DUENCE OF TOURNESS	OTHER: 4 Nursing E OF URY M threat, factory	26. PLACE g Home : 8c. INJURY WORK' 1 YES g, office	SE OF DEAT 5 Reeld Y AT 77 S 2 N	FH (Check of lence 8 284)	Other (Spe d. DESCRIBI	PERFORM YES 2 Incity) E HOW IN Incity (Street air rin, State)	MED? AND AND AND AND AND AND AND A	or Rural I	Jaddle Jagu Jagu Were autopsy findings Amalable prior to Completion of Cause DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition of the cause. Enter UNDERLYIF CAUSE (Disease or injurt that initiated events reauting in death) LAST PART II. Other aignificer 1 YES 2 AND 27. MANNER OF DEATH 1 Matural 5 PAGE 1 Accident 3 Suicide 8 Check only 1 CERTIFIER (Check only 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 1 CERTIFIER (Check only 1 CERTIFIER 2 Immediate 2 CERTIFIER (Check only 1 CERTIFIER 2 CERTIF	ont conditions MEDICAL Pending mestigation Could not be determined IFYING PHYSIC CAL EXAMINER	DUE TO (O DUE TO (O	R AS A CONSECUTE R AS A	DUENCE OF COUNTY OF THE PROPERTY OTHER: A Unda OT	26. PLACE g Home : 8c. INJURY WORK' 1 YES /, office	5 Reeld 7 AT 7 AT 7 AT 8 2 N	ience 8 284 284 284 284 and due to til art the time	Other (Spe d. DESCRIBI I. LOCATION City or Tow	PERFORM YES 2 A (Street au rn, State) end meni plece, end	MED? AND AND AND AND AND AND AND A	or Rural I	Juddle J. G. J. G. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	

32. REGISTRAR'S SIGNATURE
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HOSPITAL OR ATTENDING SCHOOL THE WATERINGS HIS THE REPRESENCE OF ENUMER HE SHOULD HAVE A HE ATTENDING PASSIONAL WITHOUT STRUMBER THE OWN OF HEATH AND MENTAL HYDERS PRICE OF THE MENTAL HYDERS PRICE OF THE STRUMBER OF THE TRANSPECT OF THE STRUMBER OF THE S	vours after death. Page o may be retained by the nospital of attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	matic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDAR FUNERAL DIRECTOR A WITHIN 72 hours after do RTANT II hom 28 is m	e death certificate be exe	he attending physician an	Mental Hygiene prior to b	r traul
HOSPITAL OR ATTENDAR FUNERAL DIRECTOR A WITHIN 72 hours after do RTANT II hom 28 is m	The use requires that the	ate has been signed by t	tate Dept. of Health and	iem 23 shows any in
HOSPITAL OR ATTER FUNERAL DIRECTOR WITHIN 72 hours after STANT: II lister 28	CONGRESSIONS.	A CHARLES OF	100	s marked, or II
I I I	TAL OR	W. DIRECTOR	hours after	If item 28 h
	THE HOSPI	THE FUNER	filed within	PORTANT

		DEPARTMENT OF HEALTH AND NERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	11032
}	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. les	t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7, DATE OF BIRTH		CE (State or Foreign
	426-98-0986 10M2XF 44	YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country)	ssippi
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEATH	
IO B	Graster Laurel Baltsville Hospit	al Laurel Mari	1 body	79nca Go	LOTORS
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		100	I. INSIDE CITY
P	District of Columbia	Washington		ж	YES 2 NO
FUNERAL	10e. STREET AND NUMBER	101. ZIP CODE	1	10g. CITIZEN OF WHAT	COUNTRY?
NEF	1017 47th Street, N.E. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF	20019 13. WAS DECEMBENT OF HISPAN	NC OBIGINE (Seconds, Von o	United	States
	1 Never Married 2 Married FORCES? 1 YES 2 N		n, Puerto Rican, atc.)	Black, WI	American Indian, hita, atc.
ВУ	3 Wildowed 4 Divorced			Bla	ck
COMPLETED	(Specify only highest grade completed) (G	ECEDENT'S USUAL OCCUPATION iive kind of work done during most of working DO NOT use retired.)	16b. KIND OF BUSIN	IESS/INDUSTRY	
PLE	Elamentary/Secondary (0-12) College (1-4 or 5 +)	mmercial Trade Spec	. Govern	nment	
NO.	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Su		
BEC	Webster White		la King		
6		b. MAILING ADDRESS (Street and Number or Rural i			
		OI7 47th Street, OF DISPOSITION (Name of cemetery, crematory or		TION — City or Town.	State
	1-X Burial 2 Cremation 3 Removal from State other p	nony Memorial Park			Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2Stewart Fur	Caral Home	A TONE	Mar y Land
	bloom ! attement. TI	4001 Bennir			h. D.C.
	23. PART . Enter the diseases, or complications that caused the di	eath. Do not anter the mode of dying, suc	h as cardiac or raspira	itory arrest,	Approximata
	shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final				Interval Batween Onset and Death
	disease of condition a.	we musique	heey		rush
	DUE TO (OR AS A CONSE	ouence of):	,		ruh
CERTIFICATION		OUENCE OF):			1
<u>8</u>	CAUSE (Disease or Injury		ncos		78 Mos
	that initiated events resulting in death) LAST	OUTINGE OF):			į l
	d.				
CAL	PART II. Other significant conditions contributing to death but not	resulting in the underlying cause given in	PERFORM	IED? AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE
MEDI			1 _ YES 2	NO OF	DEATH?
. M			_ /	''	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Ch	eck only one)		
YSI	1 VES 2 NO 1 Inpetient 2 ER/Outpetient	3 DOA 4 Nursing Home 5 Rasidence	6 Other (Specify)		
	22 MANNER OF/DEATH 28s. DATE OF INJURY (Morith, Day, Year)	26b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW IN.	JURY OCCURED	
BY	Accident investigation	ome, farm, street, factory, office	26f. LOCATION (Street an	nd Number or Rural Rout	e Number,
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined building, etc. (Specify)		City or Town, State)		
PLE	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, d	leath occurred at the time, data and placa, and du	to the cause(a) and menn	ver an stated.	
OM	one) 2 MEDICAL EXAMINER: On the basis of examination and/or	Investigation, in my opinion, death occured at the	time, data and place, and	due to the cause(a) a	nd manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	29c. UCENSE NU	MBER	29d. DATE SIGNED (M	orth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	FM 27) (Rose Print)	4)5	3/3	1141
	10 to mound of the	u Shewlet N	D 20	7701	'
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	9		,	
	APR 04 91 Julia Davidson-Ran	ndelec			

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BALTIMORE, MARYLAND 21215-0020

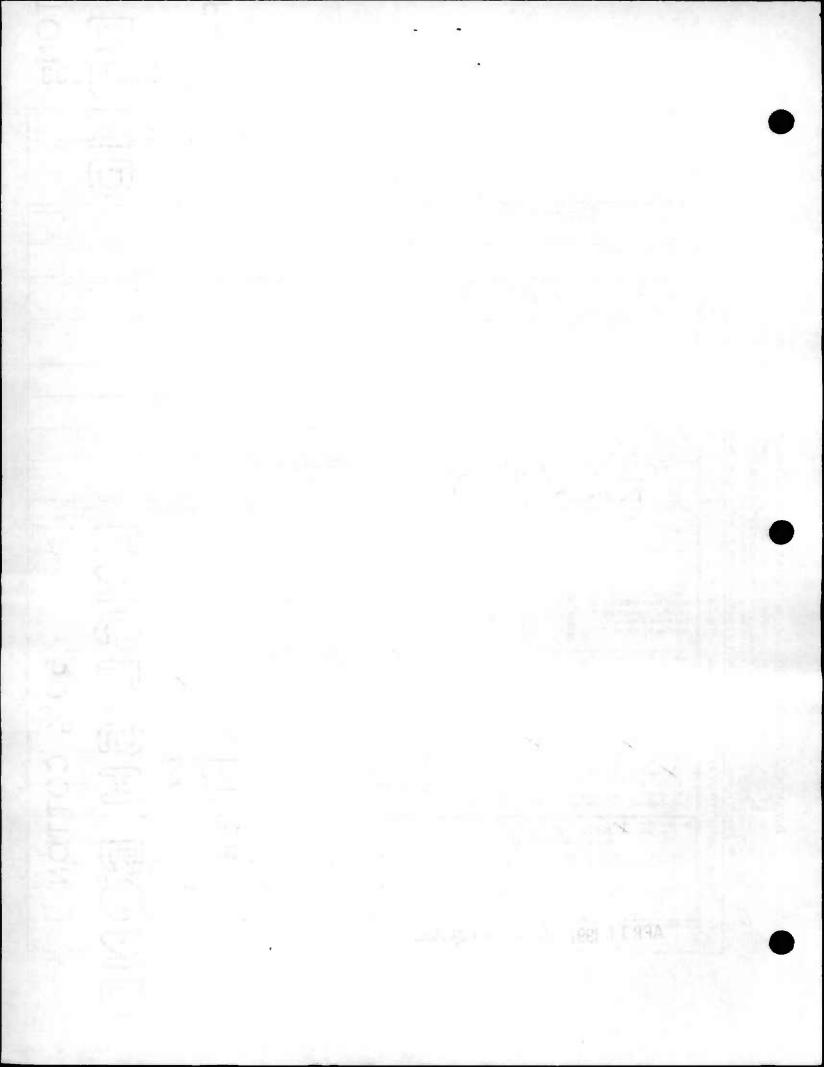
DIVISION

TO THE HOSPITAL OR CONTINUE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thospital or attending physician.

TO THE FUNERAL DIRECTION AND 1985 certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

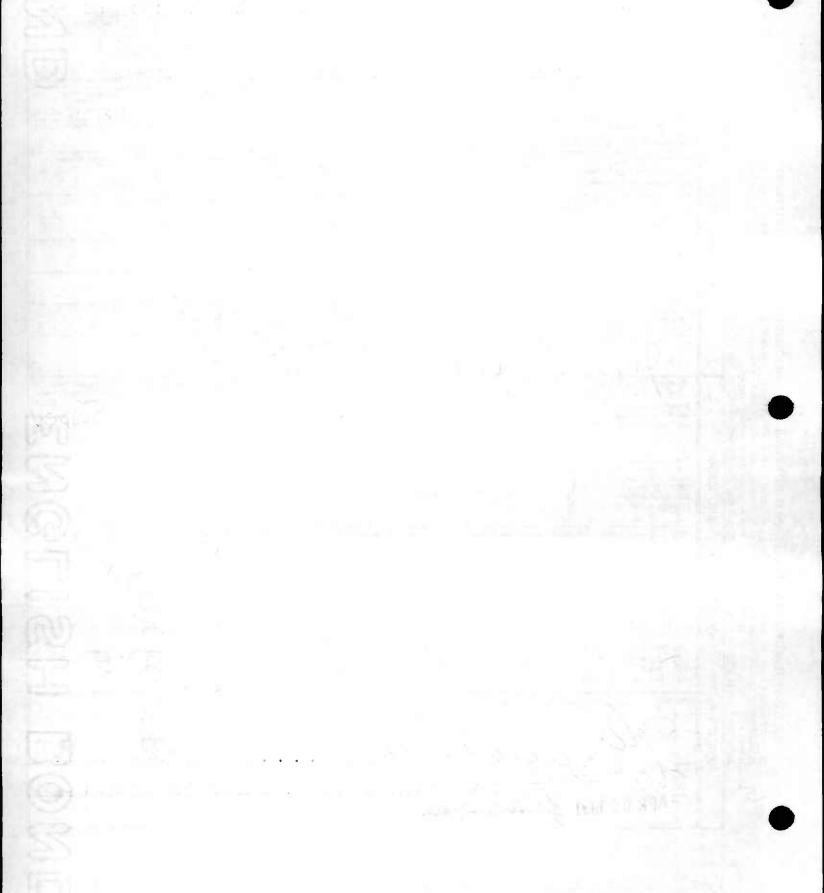
	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND		YGIENE		1000
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	IAMES		VASHABA		2. DATE OF DI MONTH April		YEAR	E OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BI	RTH	8. BIRTHPLACE	
	233-34-5778	1 x 1 2 □ F 6	8 YRS.	MONTHS DAY	S HOURS MIN.	DEC 23		W.VA.	
	9a. FACILITY NAME (If not institution, give st	treet and number)		96. CITY, TOV	N OR LOCATION OF DE			ITY OF DEATH	
DIRECTOR	Memorial Hospital				erland		A11	egany	
	100. STATE 106. COUNTY MARYLAND ALL			, TOWN OR LO				ū	SIDE CITY MITS?
	10a. STREET AND NUMBER	EGANY	CUM	BERLAN					ES 2 NO
FUNERAL	210 BEDFORD ST	יויביםי			21502			ZEN OF WHAT CO	OUNTRY?
ᄬ	11. MARITAL STATUS	12. WAS DECEDENT EYER IF	NIIS ADMED	12 946	ZIJUZ DECENDENT OF HISPAI	NIC OBICINIS /C-	U.S		where to the
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 XYES	2 NO	If yes	, specify Cuban, Mexico YES 2 NO Specif	an, Puarto Rican,		14. RACE — Ame Black, White, Specify:	ITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S			16b. KIND	OF BUSINESS/IND	USTRY	
- 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	most of working				
	12		BAR TEN	DER_		BAI	R TENDER		
COMPLE	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden Sumame)		
BE	HARRY WASHA	BAUGH			KITTY ((UKN)			
2	19a. INFORMANT'S NAME (Typo/Print) VERNICE WASHABAUG	TH.			STREET CU				
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE			DATE	20c. LOCATION —		ha
	1 Buriel 2 Cremation 3 Remo	oval from State	NSET MEMO	or other place)	PARK 4/11	100	CUMBERLAI		
	21. SIGNATURE OF FUNERAL SERVICE LIC		L	22. NAM	E AND ADDRESS OF FA	CILITY		ILLE.	LIKITID
	· Wale a	1. Herrit	T		OX <u>-</u> MERRITI DECATUR SI			D MARYL	AND
CAL CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	e. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF	tony neuro	failure		WAS AN AUTOPSY PERFORMED?	24b. WERE	AUTOPSY FINDINGS BLE PRIDR TO
PHYSICIAN: MEDIC	18 A					10	YES 2 NO	COMPL OF DEA	ETION OF CAUSE
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSTTAL:		OTHER:	. PLACE OF DEATH (C/	heck only one)			
l S	1 TYES 2	1 Impatient 2 ER/Out		4 - Nursing	Home 5 - Residence	6 - Other (Spe	ecify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY	INJURY AT WORK?	28d. DESCRIB	E HOW INJURY OC	CURED	1 2
B	2 Accident Investigation				YES 2 NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, etc. (Spec	r — At nome, farm, s cify)	street, factory,	Office	City or Tou	N (Street and Number vn, State)	or Rural Route Nu	imber,
ا ت	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	riedos, desth occum	ed at the time	data and place, and du	to the cause(s)	and manner as stat	ed.	
M	and a	ER: On the beals of examination							enner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	41 1			29c. LICENSE NU			E SIGNED (Month,	
O BE	The State of Sentification	That	mee		D 332		≥ d. UAII	0/9/9/	Cey. reer)
۲	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)				111	
	Dr. Gunta	Memor:	ial Hospi	ital Me	edical Bui	lding,	Cumber1a	and, MD	21502
	31. DATE APR'I 0 1991	32. REGISTRAR'S SIGN	ATURE						



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires in the certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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CIAN	artif	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	6
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				GIENE	91		03	-
	1. DECEDENT'S NAME (First, Middle, Last)				D 2	2. DATE OF D	EATH		3. TIME C	F DEATH	
	Robert Eu	igene	Wi1	son	Jr.	04	07	1991	4:25	5 P	м
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	RTH Year)	8. BIRT Coun		ate or Foreign	
		XX M 2 □ F 29	YRS.			11-20-		M			
_	9a. FACILITY NAME (If not institution, give str	eet and number)	96	CITY, TOWN C	R LOCATION OF DE	EATH	9c. C0	DUNTY OF I	DEATH		
DIRECTOR	Memorial Hospit	al		Cumber	land		A	11eg.	any		
EC.	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d. INSII	DE CITY	
						YES 2 NO					
Z	104. STREET AND NUMBER 107. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?					
BY FUNERAL	306 Arch Street				.502			SA			
Ē	11. MARITAL STATUS 1 Never Married Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	54TXTNO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica	n, Puerto Rican,	etc.)	- 14. RAC Blac	E — Americ k, While, at	an Indian, c.	
R	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	NO Specifi	y:		Spec	hite		
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	IAL OCCUPATION	ON	16b. KIND	OF BUSINESS/				_
<u>.</u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re-								
4	12		construc	ction w	orker	Co	nstruct	tion	Co.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Cre			18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)			
BE	Robert E. Wilson	, Sr.				A. Sny					
5	190. INFORMANT'S NAME (Type/Print) Mrs. Eva M. Wilso	าท			nd Number or Rural						
	-89a. METHOD OF DISPOSITION		1						100		
ì	18 Burlat 2 Cremation 3 Remo	val from State	DESCIONAL DESCRIPTION OF THE SECTION	nortal	. Gardens	DATE	LaVale,	-	own, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICE						· ·				
	►() 7 M		/ .	Scarp	elli Fun	eral Ho	ome				
	yours 7 W	carpin	4		rland, M						
	23. PART/I. Enter the diseases, or conshock, or heart feliure. L	ist only one cause on e	I the death. Do not a ach line.	enter the mo	de of dying, auc	h ee cerdiac o	or reepiratory	errest,		proximate ervai Betwe	en
	iMMEDIATE CAUSE (Final disease or condition	λ	ROWN	1110					Com	et and De	sth
	resulting in deeth)	DUE TO (00 40 4		120					30	1000	V
		DOE TO (OR AS A	CONSEQUENCE OF):						1		
5	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						1		
S	ceuse. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
E	resulting in death) LAST	l							-		
- I	PART II. Other significant conditions	contributing to deeth b	ut not resulting in t	he underlyin	g ceuse given in	Part i. 24a.	WAS AN AUTOPS	BY 24		OPSY FINDIN	GS
5						6.	PERFORMED?		COMPLET	E PRIOR TO ION OF CAUSI	
MED						— '}	123 1 110		OF DEATH	? 2 □ NO	
_						_			76.2		
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	neck only one)					
2	1 X YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 X ER/Outp		THER: Nursing Horr	e 5 🗆 Rasidenca	6 Other (Spe	ncify)				
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT PRK?	28d, DEŞCRIB	E HOW INJURY	OCCURED		174	
à	1 Natural 5 Pending 2 Accident Investigation		04 07 1991 2:45 PM 1 VES 2 X NO Subject drowned						im		
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	Rocky G	ot, factory, office ap Sta	te Park	261. LOCATION City or Tox	(Street and Num vn, State)	ber or Rural	Route Numb	987,	
COMPLETED		in lake	2			Lkake					
1		To the best of my know									
5	MEDIGAL EXAMINER	: On the basis of axeminatio	n and/or impatigation, i	n my opinion, c	leath occured at the	Ilme, data end	placa, and due to	o the ceuse	(a) and man	ner ee stated	
	296. STOMATURE AND TITLE OF CENTIFIER	- 0	(/11		29c. LICENSE NU	MBER	29d. [DATE SIGNE	D (Month, D	ny, Year)	
2	JIIXAI	ula	2 4		O.C.M.E			04	08	1991	
-	M. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE									
	31 DATIO DE DIAGRA COMA POR A	1 22 Before The Picture	VC 1111	Penn S	treet, B	altimor	e Mary	land	21201		
- 1	HFK U 9 1991	132. MEGISTRAR'S SICH	ndell								



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

N. Company

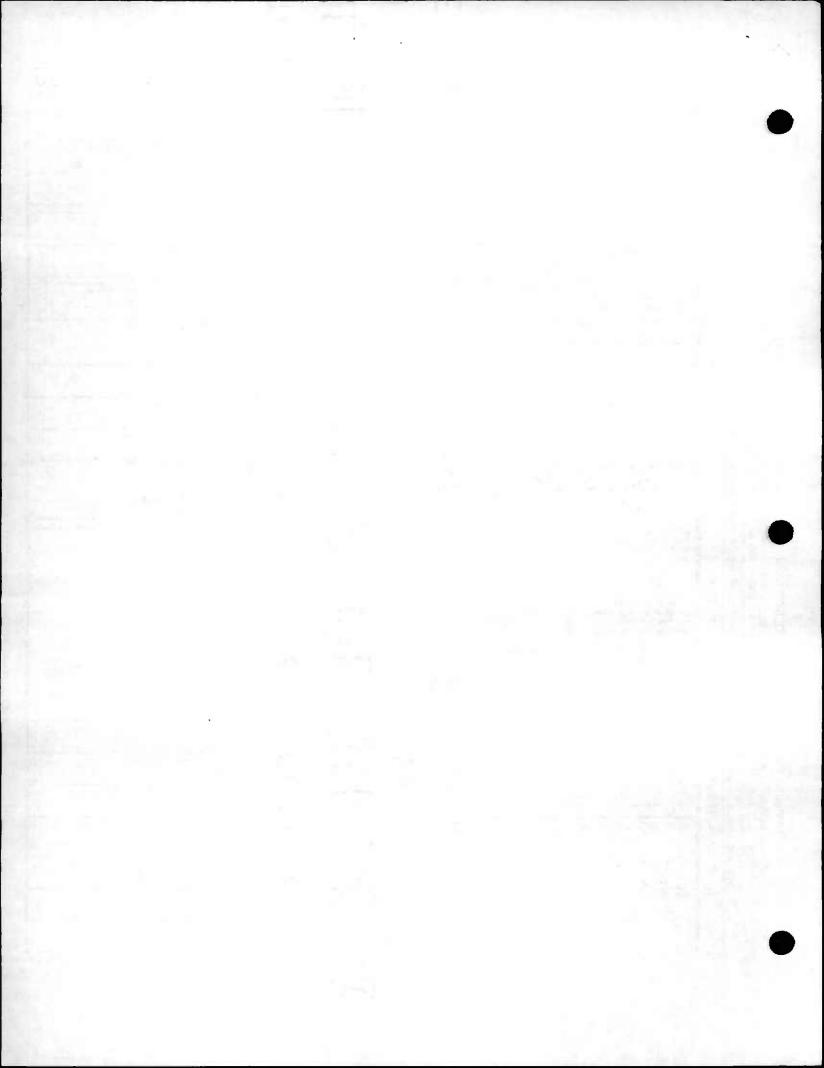
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	AEG NO

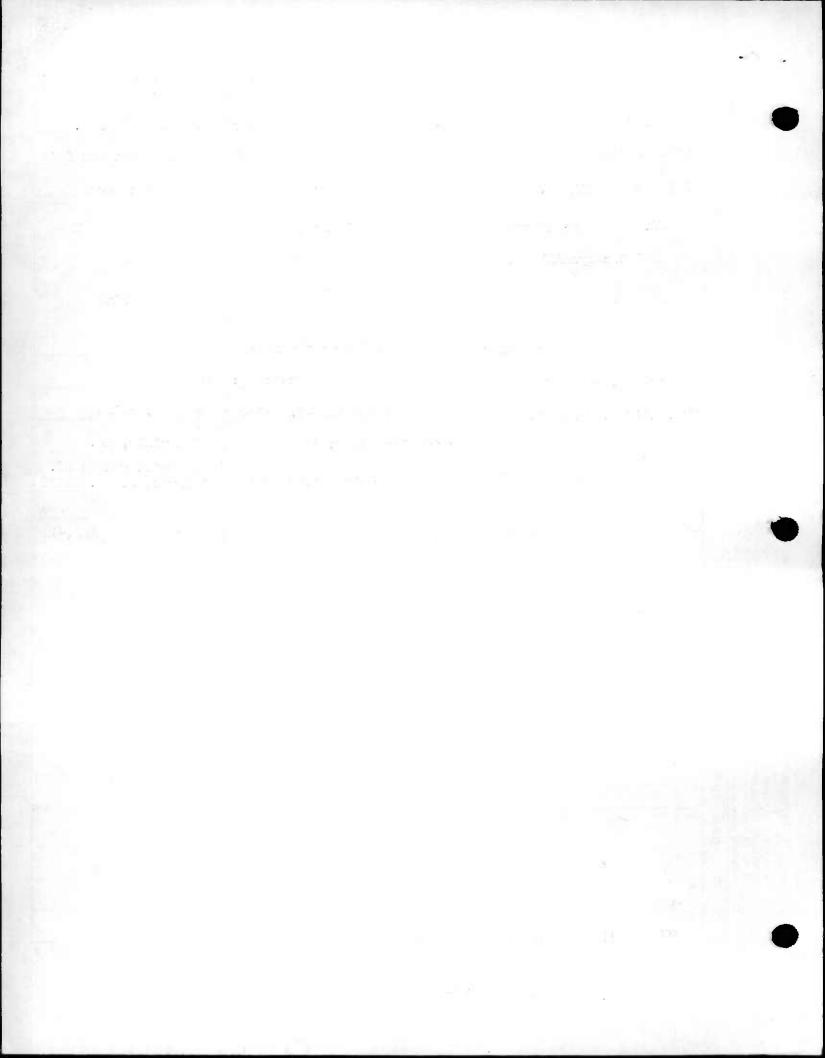
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTME				YGIENE EG. NO.	J 1	11000
	1. DECEDENT'S NAME (First, Middle, Last)			7		2. DATE OF I	DEATH		3. TIME OF DEATH
	Tennis L	Whitehead				04	06	1991	9:55P M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. I		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH	8, BIRT	THPLACE (State or Foreign
	220-52-0161	1 □ M 2 🕅 F 8	6 YRS. MONT	HS DAYS	HOURS MIN.		9-190		rginia
O.B.	9a. FACILITY NAME (If not institution, give street and number) Hartley Hall Nursing Home, Inc. Pocomoke City 9c. COUNTY OF DEATH Worcest								
ן ק	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c, CITY, TOY		Ou.				10d. INSIDE CITY
FUNERAL DIRECTOR									LIMITS?
	Maryland Word	ester	Pocomo		L C Y ZIP CODE		100	CITIZEN OF	1 🔀 YES 2 🗌 NO
HA	407 Dudley Ave						109		
ᄬ	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. /	RMED		21851 ENDENT OF HISPAN	IIC OBIGIN2 (S	necify Yee or N	US.	
BY FU	1 Never Married 2 Married 3 X Wildowed 4 Divorced	FORCES? 1 YES 2X	Μo	If yes, spe	cify Cuben, Mexica 2 NO Specify	n, Puarto Ricar			CE — American Indian, ick, White, etc.
ᇜᅵ	15. DECEDENT'S EDU		ECEDENT'S USUA	L OCCUPATIO	N	16b. KIN	D OF BUSINES	S/INDUSTRY	
Щ	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5 +)	Give kind of work di fe. Do NOT use retir	one auring mo: ed.)	it or working				
COMPLETED	11	Но	memake						
ဂ္ဂ်	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Malden Surna	ime)	
BE	John James Bow	<i>i</i> den		- 3	Margare	t Ell	en El	liot	t
일	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural	Route Number, (City or Town, Sta	te, Zip Code)	
F	Ethel Powell		PO BOX	464,	Pocomo	oke Ci	ty, M	1d. 2	1851
	20a METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PLAC of cemeta	ry, crematory or of ten Cer	hor place)	(Name	1	Hallw		
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	D ADDRESS OF FA	CILITY		10007	V 4.
	+ Sterg C.	Stuling Sr,			on Fune			Md.	21851
	23. PART i. Entar the diseases, or	complications that caused the List only one cause on each if		nter the mo	de of dying, auc	h aa cardlac	or reepirator	ry errest,	Approximata interval Between
	IMMEDIATE CAUSE (Finei	and only one cause on seon in							Onset end Daath
Ŋ	disease or condition resulting in death)	OUE TO (OR AS A CONS	TORY	FI	LILVA	E			
_		C1+ F	2402102 01).						
CERTIFICATION	Sequantielly list conditions,	DUE TO (OR AS A CONS	EOUENCE OF):						
¥	if any, leading to immediate cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONS	EOUENCE OF):						
토	resuiting in death) LAST	d.							
2	BART il Other elemificant condition					5-41 La			
CAL	PART if. Other eignificant condition	e contributing to death but no	t resulting in th	a undanyin	cause given in	Part I. 24	PERFORMED		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						- 11	YES 2	10	OF DEATH?
Σ						- 1		1	1 TES 2 NO
ÿ									
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PI HEA:	ACE OF DEATH (C)	eck only one)			
PHYSICIAN: MEDI	1 TYES 2 NO	1 Inpetient 2 ER/Outpetient		-	e 5 🗆 Residence				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		RK?	28d. DESCRI	BE HOW INJUR	TY OCCURED	
B	2 Accident Investigation				res 2 No				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, atreet	, factory, offic			ON (Street and Nown, State)	lumber or Ruri	al Route Number,
COMPLETED	one)	SICIAN: To the best of my knowledge,							
ŏ	2 MEDICAL EXAMIN	ER: On the basis of examination and/	or investigation, in	my opinion, o	eath occured at the	time, deta and	d place, and du	a to the caus	e(a) and menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c, LICENSE NU		29	d. DATE SIGN	ED (Month, Day, Year)
	Lataer				D291	68		4/8	191
5	30. NAME AND ADDRESS OF PERSON W			57.	Pac	0/101	< E /	~D .	21851
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Julia Davidson-	,				1		/
		1 1. K.	50						



TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detache al.	TO THE FUNERAL DIFFERENCE And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OF ACTIONS MINISTRIAN: The law requires that the death certificate be executed within Actions after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AN	D MENTAL HYGI REG.		1 11036		
	1. OECEDENT'S NAME (First, Middle, Last)	**************************************			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH		
	DAVID LOTT	WOODWORTH JE 5. SEX 6. AGE (In yrs.		TIMOSO AL	April s. 7. DATE OF BIRTH		6;05 P. M		
	234-38-8903	1 🛛 M 2 🗆 F 64	YRS. MONT		July 2	4,1926	West Virginia		
ا ہر ا	9e. FACILITY NAME (If not institution, give street		9b.	CITY, TOWN OR LOCATION O		9c. COUNTY			
501 Cockeysmill Rd. Reisterstown Baltim						ltimore			
Ma Palvinos						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e, STREET AND NUMBER					10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	501 Cockeysmill Rd.				1136		USA		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECENDENT OF H If yes, specify Cuben, M 1 YES 2 NO S			RACE — American Indian, Black, White, etc. Specify:		
01 01 01	15. DECEDENT'S EDUCA	CTION 16e	DECEDENT'S USU	AL OCCUPATION	16b, KIND OF	BUSINESS/INDUST	White		
ET	(Specify only highest grade co	ompleted) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	done during most of working red.)	100.1010				
COMPLET	2	Yrs College	Engineer	r for Westin					
	17. FATHER'S NAME (First, Middle, Last)	. 1			S NAME (First, Middle, Ma	•			
BE	David L. Woodwo:	rth	19b. MAILING ADD	EST PRESS (Street and Number or I	her McNee		(e)		
유	Mrs. Lois A. Woodw	orth		keysmill Rd.					
	20e. METHOD OF DISPOSITION 1 To Buriel 2 Cremation 3 Remove	20b. PLA		N (Name of cemetery, cremator	y or 200	. LOCATION — City	or Town, State		
	4 Donation 5 Other (Specify)	Dru		e Cemetery		Pikesvil	le, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE O		22. NAME AND ADDRESS	11		terstown Rd.		
	Jrams K	Un					wn, Md. 21136		
		emplications that caused the lst only one cause on each	deeth. Do not e line.	enter the mode of dying,	auch aa cardiec or r	eepiratory arrest	interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Revial Ce	11 Care	cinoma u	with Mr	tastors	Onset end Deeth		
	resulting in death) a.	DUE TO (OR AS A COM			9911 110	1401100-	- ONCO 110		
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A COM	ISEQUENCE OF):						
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	ISEOUENCE OF):						
E	resulting in deeth) LAST								
	PART II. Other significant conditions	contributing to deeth but n	ot reaulting in th	ne underlying ceuse give	n in Part I. 24a, WA	S AN AUTOPSY	24b, WERE AUTOPSY FINDINGS		
ICAL						RFORMED?	A/AILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?		
MEDI							1 TYES 2 NO		
PHYSICIAN:	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear)						ED			
ᆸᇤ	27. MANNER OF DEATH		28b. TIME OF INJURY		1				
ВУ Р	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY	WORK? 1 YES 2 N					
ED BY	27. MANNER OF DEATH 1 ☑ Naturel 5 ☐ Pending	28e. DATE OF INJURY	INJURY	WORK? 1 YES 2 N		treet and Number or State)	Rural Route Number,		
ED BY	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFVING PHYSICI	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A building, etc. (Specify)	INJURY N home, farm, stree	M 1 YES 2 N t, lectory, office	28f. LOCATION (S City or Town,	State)			
COMPLETED BY	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFVING PHYSICI	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A building, etc. (Specify)	INJURY N home, farm, stree	M 1 YES 2 N t, lectory, office	28f. LOCATION (S City or Town, d due to the cause(s) en at the time, date end place	d menner ee stated.			
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A building, etc. (Specify) CIAN: To the best of my knowledge t: On the beste of examination end	INJURY I home, farm, stree e, death occurred at	M 1 YES 2 N 1, lectory, office the time, date and piece, en my opinion, death occured 29c. LICENS	28f. LOCATION (S City or Town, d due to the cause(s) en at the time, date end place	d menner ee stated.	suse(s) end menner es stated.		
E COMPLETED BY	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A building, etc. (Specify) EIAN: To the best of my knowledge 1: On the beste of examination end	INJURY I home, farm, stree e, death occurred at dior investigation, in	M 1 YES 2 N 1, lectory, office the time, date and piece, en my opinion, death occured 29c. LICENS	28f. LOCATION (S City or Town, d due to the cause(e) en at the time, date end place E NUMBER	d menner ee stated. ee, end due to the c	GNED (Month, Day, Year)		

Lulia Varidan Bando De



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IVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law manner
≥	B.

	1 - FOR STATE OF MARYLANG	D / DEPARTMENT CERTIFICATE		MENTAL HYGIEN									
	1, DECEDENT'S NAME (First, Middle, Last) Bertha			2. DATE OF DEATH	3. TIME OF DEATH								
	MAY WILLIAMS	s. lest birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	91 3.07 A H								
	213-10-4917D 1 M 2 F 8:6	YRS. MONTHS	16 HOURS MIN.	(Month, Day, Year)									
TOR	SINAL HOSPITAL RESIDENCE OF DECEDENT	96, CITY,	ALTIM O		Baltimore								
REC	10e. STATE 10b. COUNTY	10c. CITY, TOWN OF			10d. INSIDE CITY LIMITS?								
ā	MD Carroll		Mt. Airy		1 🗆 YES 2 🚰 NO								
FUNERAL DIRECTOR	100. STREET AND NUMBER 5419 Ridge Road		101. ZIP CODE 2177	1	10g. CITIZEN OF WHAT COUNTRY? U.S.A.								
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED 13. W	AS DECENOENT OF HISPAN yee, specify Cuben, Mexica	IIC ORIGIN? (Specify Yes	or No — 14. RACE — American Indian, Black, White, etc.								
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced 1 POINCES 1 YES 2 1F YES, GIVE WAR OR DATES		YES 2 NO Specify		Specify: White								
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUAL OCI (Give kind of work done du life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BU	SINESS/INDUSTRY								
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+) 12 vrs. none	Housewif											
OMI	17. FATHER'S NAME (First, Middle, Lest)		16. MOTHER'S NA	ME (First, Middle, Maiden									
BE C	(Unknown)Jackson			a May Ja									
10	190. INFORMANT'S NAME (Type/Print) Margie M. Purkey	196. MAILING ADDRESS 5419 Ridg	(Street and Number or Aural I ge Rd. Mt.	Airy, M	n, State, Zip Code) aryland 21771								
	20e. METHOO OF DISPOSITION 1	id Ridge	cemetery cremetory or Cemetery		cation — City or Town, State timore Co., Md.								
	21. SIGNATURE OF FUNERAL SERVICE UC 10 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home												
	Winfield, Maryland, 21784												
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or reapirefory arrest, shock, or heart feilura. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Approximate Interval Between Onaet and Daath OUE to lor As A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury												
	disesse or condition resulting in deeth)	atremia			Onaet and Daath								
	OUE TO OR AS A CO				EL JEL BOOK								
CERTIFICATION	Sequentielly list conditions, If smy, leading to immediate	NSEQUENCE OF):			70 m								
SA	CAUSE (Disease or Injury	Fract	re-SI	Surge	XX								
RTIF	thet initiated events resulting in death) LAST	NSEOUENCE OF):	''	U									
	PART II. Other significant conditions contributing to death but in	not resulting in the un-	derlying cause alven in	Bort I Ota MEGAN	LAUSTON AND AUTONO COMMINGS								
ICAL	1. Other agrilled to continuous continuous to death out in	tot resulting in the unc	perlying cause given in	PERFO	AWAILABLE PRIOR TO								
MED				1 🗀 YES 2	OF DEATH?								
ä													
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: FR/Outsetter	OTHER											
PHYSICIAN:	27. MANNER OF DEATH 260, DATE OF INJURY	28b. TIME OF	Ing Home 5 Raeldence	6 Other (Specify) 28d. OEŞCRIBE HOW	INJURY OCCUREO								
ВУР	* Maturet 5 Pending (Month, Day, Yeer) 2 Accident Ptu Investigation	INJURY M	WORK? 1 YES 2 NO										
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street, facto	ory, office	28f. LOCATION (Street City or Town, State)	and Number or Rural Route Number,								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination and												
-													
	295, SIGNATURE AND TITLE OF PENTIFIER		29c. LICENSE NUI	WBER	29d. DATE SIGNED (Month, Day, Year)								
BE	29b. SIGNATURE AND TITLE OF SERTIFIER		29c, LICENSE NUI	WER	29d. DATE SIGNED (Month, Day, Year)								
	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH				· 4/11/91								
BE	29b. SIGNATURE AND TITLE OF SERTIFIER	114 SIN	AI HO		· 4/11/91								

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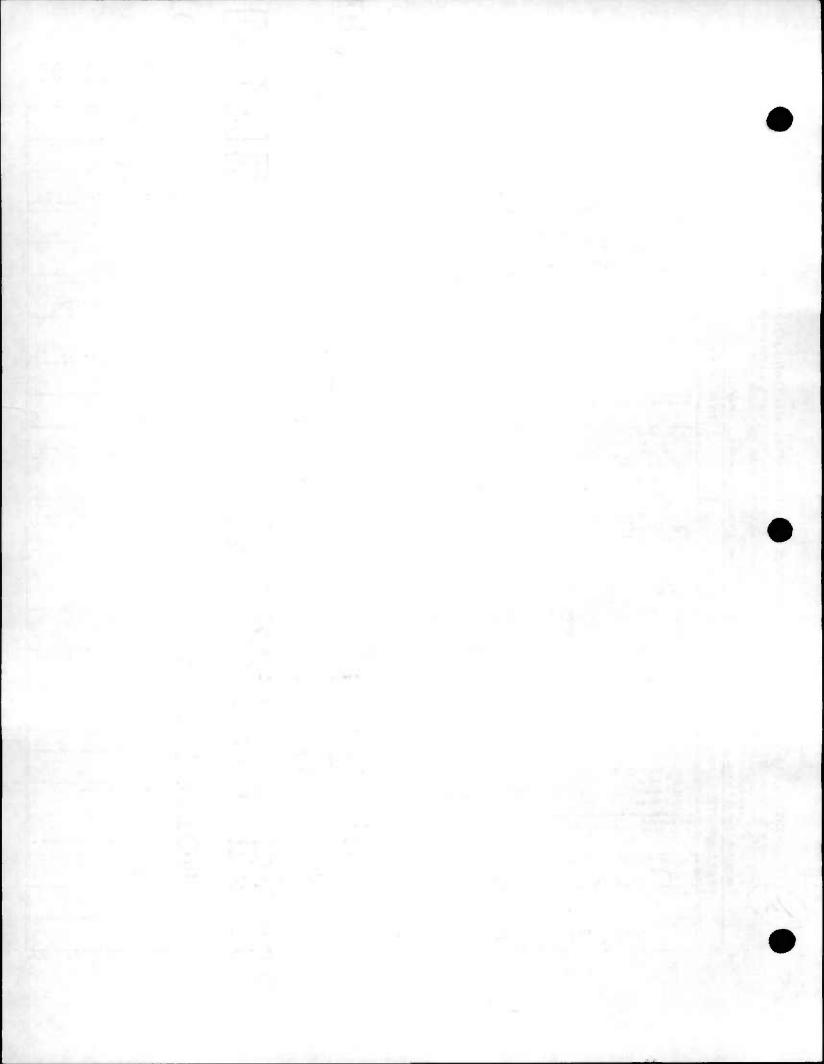
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THE HOSPITAL OR ATTENDING PHYSICIAM The two requires that the death certificate be executed within 24 hours after death, rage o may be retained by the hospital of an	THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	를	and the market or item 23 shows any injury or other traumatic event the medical examiner must be notified at once
오	3	W	TAR
뿔	물	B	90

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

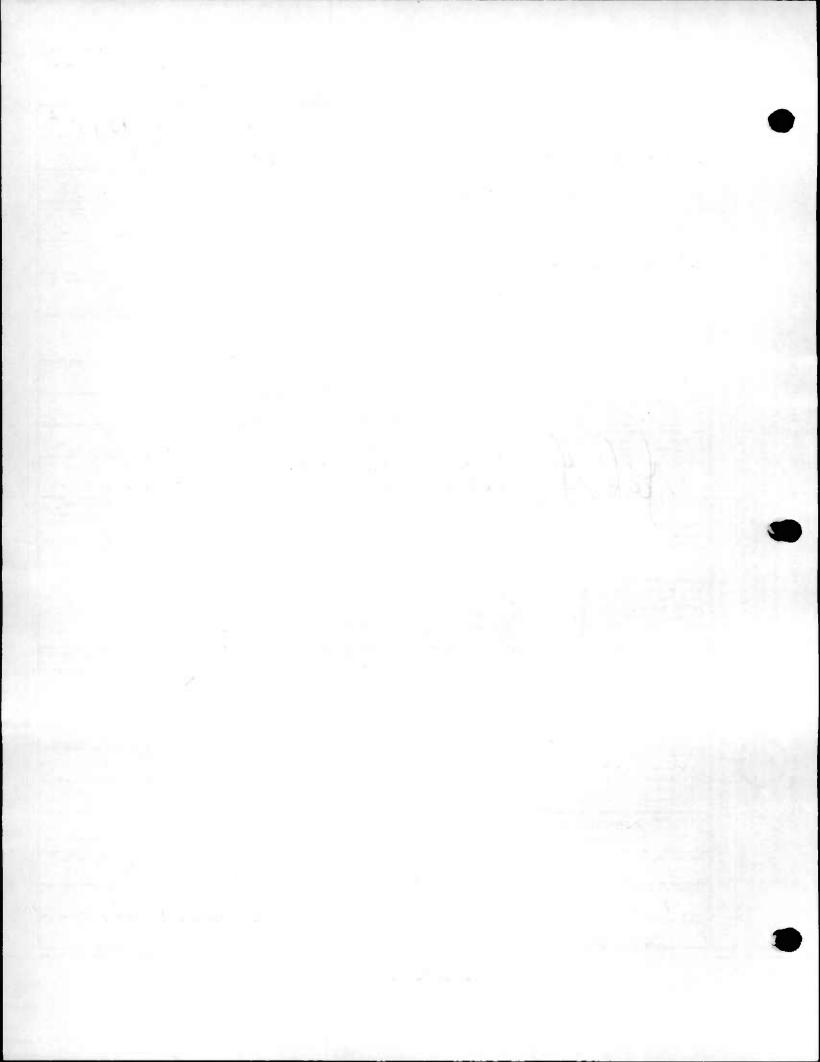
	REGISTRAR				10/11		DEALL	REG. NO	•			
100	1. DECEDENT'S NAME (First, Middle, Last)	Char1	es Adre	n Wat	son			2. DATE OF DEATH MONTH DAY YEAR March 29,1991 5:04				
- 17	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, - , , -	991 5:04 A		
	577-03-9941	1 📉 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)	Country)		The Baseline	
		***	02					July 8, 1			yland	
~	9e. FACILITY NAME (If not institution, give st	and the contraction.			9b. CITY,	, TOWN 0	OR LOCATION OF DI	EATH	1.00	NTY OF DE		
6	Southern Maryland	Hospita	1 Cente	r	Cli	ce Ge	eorge's					
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY											
2				10c. CIT	Y, TOWN C						10d. INSIDE CITY LIMITS?	
ā	Maryland Pri	nce Geor	ges		Temp	ple	Hills				1 - YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER					10	1. ZIP CODE		10g. CIT	IZEN OF WI	HAT COUNTRY?	
8	2610 Catskill St	reet				- 1	207	48		11	ISA	
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	ARMED	13.	WAS DEC		NIC ORIGIN? (Specify Ye	or No-		- American Indian,	
	1 Never Merried 2 📉 Merried		YES 2 MAR OR DATES	NO		If yee, ap	ecify Cuben, Mexico	n, Puerto Rican, etc.)		Black,	White, etc.	
B≺	3 Widowed 4 Divorced	W.	WII		'	I YES	2 NO Specif	y:		Specify	White	
	15. OECEDENT'S EQUI		7	DECEDENT'S	USUAL O	CCHPATH	ON	16b. KIND OF BU	SINESS/IN	OUSTRY		
E	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	ost of working	100.1.1.10				
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)	roper				D.C. Go	.110	mont	CSA	
2			1	roper	Ly II	ispe				ment	G.D.A.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Malden	,			
BE	Charles	C. Wats	on				<u> </u>	ffie Cante	er			
2	19e. INFORMANT'S NAME (Type/Print)		1					Route Number, City or Tow				
Ĕ	Ada Kennedy Wat	tson		2610	Cat	skil	1 St. I	emple Hill	s, M	d. 20	748	
	200. METHOD OF DISPOSITION			CE AND DAT	E OF DISP	OSITION	(Name	DATE 20c. LO				
	1 X Buriel 2 Cremation 3 Remarks A Donation 5 Other (Specify)	oval from State	Mary	land	Veter	ran '	s Cem.	4-1-91 (helt	enham	. Maryland	
	1 (X Burlel 2 Cremetion 3 Removal from State of cemetary, crematory, or other place) 4 Donetion 5 Other (Specify) 21. SIGNATURE OF AMERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
- 1	2	111	11					as Funeral	Hom	e		
	Were f. K	ale.	H					1 Rd. Oxor			20745	
	23. PART I. Enter the diseases, or shock, or heert fellure.	omplications the	at caused the	death. Do	not enter	the mo	ode of dying, suc	ch es cardiac or reac	iratory as	reat.	Approximate	
- 0		Liet only one of	use on each li	ne.					1		Interval Between Onset and Death	
- Y	disease or condition											
	resulting in death)											
		0	ax	hol	u le	uo	nay	arre	8t			
		DUE TO	(OB-AS A CONS	SEQUENCE	u li	uo	nay	arre	8 t			
N	resulting in death)	DUE TO	(OB-AR A CONS	SEQUENCE	y li	uo Gr	hay	arre	8t	_		
TION		b	O (OR AS A CONS	ens	n le	u0	ney	arre	86	e -		
CATION	resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b	Cer	ens	y le	uo ar	hen	dis	st.	e		
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RTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury	b DUE TO	(OR AS A CONS	GEOUENCE C	0	9	hen	dis	35	e		
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FULL RECORDS, F.O. BOX 13146, BALLIMONE, MARTLAND 21203-3146	cations. The law requires that the death certificate be executed within wars after death. Page 6 may be retained by the hospital or attending physician.	the standard by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
DIVISION OF WINAL MECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDIATE HESEARCH. The law requires that the death certificate be executed within	TO THE FUNCHAL DIRECTOR AND COMPLETE has been signed by the attending physician and completely file	be filed within 72 force the comment of the comment of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT III THE 28 IN THE ACTION OF SHOWS ANY INJURY OF OTHER IZAUMATIC EVENT, THE MEDICAL EXAMINER MUST be notified at once.

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1. OE	ECEOENT'S NAME (First,									2. DATE OF OEATH	w	VEAD	3. TIME OF DEATH	
	Charles	Philli	p Weiss							03 27 ^b		9 TAR	12:15 "	
	OCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)		
57	77-28-7034		1 📉 M 2 🗀 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	06/16/22	V	Washington, DC		
9e. F/	FACILITY NAME (If not in	stitution, give st	reet end number)										EATH	
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E 100. S						Y, TOWN						10d. INSIOE CITY LIMITS?		
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· II . —	11. MARITAL STATUS 1 Never Merried 2 Merried 5 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO If YES, GIVE WAR OR OATES WWIII								n, Puerto Ricen, etc.)	or No—	Blac	E — American Indian, k, White, etc. http://www.white		
100		EDENT'S EOU		16e. 1	DECEOENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	_	highest grade			Give kind of	work done	during mo	st of worldi	ng	2207008080808				
3 E	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)													
O 17. FA	12 Machinest U.S.G. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme)													
	17. FATHER'S NAME (First, Middle, Last) Charles P. Weiss Elizabeth Carter													
190 11	INFORMANT'S NAME (7			- 1	19b. MAILING	ADDRES	S (Street a			Route Number, City or Tow	n State Zin	Code)		
0 11	sie J. We												1 . 1 00710	
	METHOD OF PISPOSIT		501		OF DISPO						CATION -		yland 20710	
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			HOLEE /	170.	Line	OTU	Ceme	tery	SS OF FA	I Bre	entwo	od,	Maryland	
	Frame TS Cons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 20781													
IMM dise	23. PART I. Eater the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, alock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Due to (or as a consequence of):													
HE CAU	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Multiple DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICA –	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Acute Charles and All Desperation of Completion of											AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?		
25. W	WAS CASE REFERRED T	O MEDICAL				_	26. PI	ACE OF D	EATH /Ch	eck only one)		_		
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> 11 —	IANNER OF DEATH	2000	260 DATE OF		26b. Til			URY AT	eldence	6 Other (Specify) 26d. DESCRIBE HOW	NJURY OC	CURED		
S II 'S	Natural Accident	Prindigg Fi Investigation	EA (Month, D	Pay, Year)	IN	JURY	1 🗆 1	YES 2	NO					
ا ۵		Could not be determined	28e. PLACE C building,	of INJURY — At atc. (Specify)	home, farm,	street, fac	ctory, offic	•		28f. LOCATION (Street City or Town, State)	and Number	or Rural	Route Number,	
<u>a</u> (one)									to the cause(e) end me			(e) and manner ee stated.	
ш ^{296. 5}	SIGNATURE AND TITLE	Cran	CO	ame	nox	11)	29c, LIÇ	ENSE NUI	9 10 9	29d. DAT	E SIGNE	28/9/	
2 30. N	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FABIAN E. ALZAMORA M.D. 5632 ANN APOlis Rd, #10 MD 2001													
21 0/	ATE FILEO (Month, Day,	Ybar)	32 REGISTRA	AR'S SIGNATURE						15/11/1	45 7	741	W-6-111	
31. 0	4DD 0 2	10.1	Lilian	Davidson-1	Pandell	_				7021/010.				

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B.H. MINCHOW

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31. DATE FILEO (Month, Day, Year)
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32. REGISTRAR'S SIGNATURE
Julia Davidson Mandalle

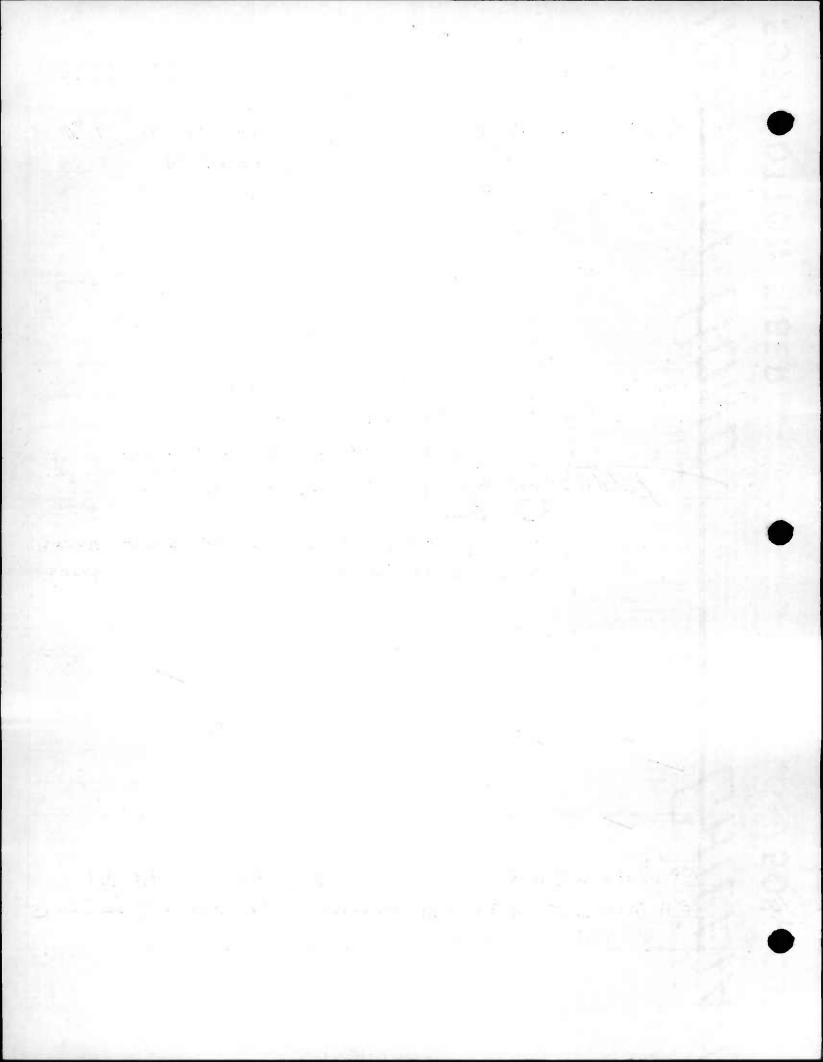
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH VEAR ETHE 1 WhitE 04 03 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRT'N (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign DAYS 223-28-4714 1 M 2 V 67 New York 05 02 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Howard County General Hospital Columbia Howard RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Clarksville 10b. COUNTY 10d. INSIDE CITY Haryland Howard 1 YES 2 XX 10e. STREET AND NUMBER 101, ZIP CODE 10a. CITIZEN OF WNAT COUNTRY? 7375 Hallmark Road 21029 USA 12. WAS DECEDENT EVER IN U.S. MANMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 1 Never Married 2 X Married Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION ISH KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Robert S. Cosby Nora Ramey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wendell B. White 7375 Hallmark Road Clarksville, Haryland 21029 204 AETHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State it.Zion United Meth. CHurch Cem. Highland, ND 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral HOme, Inc. glal 7601 Sandy Spring Rd. Laurel, MD 20707 23. PART/I. Enter the diseases, or complications that gauss the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause of each line. interval Between Onsat and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Pulmonary Metustases
DUE TO (OR AS A CONSEQUENCE OF): Carci Notice Weeks of Years braces7 Carci Noma Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO etient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED. Natural Natural 5 Pending м 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 150/ S. Drinchert, M. Q.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Do 9283 103

ANNADOLIS

21043



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY

29e. CERTIFIER

(Check only one)

ar

8 Could not be detarmined

Day, Year)

	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLA					EALTH A	4		BEG NO	_	91		104	
	1. DECEDENT'S NAME (First, Mide	dle, Last)								Ī	2. DATE	OF DEATH 4	-10-	91	3. TI	ME OF DEATH	
			Howard	Br	att	on	Walters					1 10	9	YEAR	00	2:14	М
	4. SOCIAL SECURITY NUMBER		6. SEX	6. AGE (I	n yrs. ias	t birthday)						OF BIRTH	-	8. BIRTI	HPLACE	E (State or Foreign	,
1	217-01-1147		1 🔀 M 2 🗌 F		95	YRS.	MONTHS	DAYS	HOURS	MIN.		. 22,	1895	Ma		land	
М	9a. FACILITY NAME (If not institute	ion, give at	reet and number)				9b. CIT	, TOWH O	R LOCATION	OF DEA	ATH		9c. COU	DEATH			
8	104 Roosevelt		levard				Elkton						Ce				
ପ୍ରା	RESIDENCE OF DECED	ENT COUNTY				10c. CIT	Y. TOWN	OR LOCAT	ION						10d.	INSIDE CITY	
DIRECTOR	Maryland	.1	Elkton										LIMITS? YES 2 NO				
-	10e. STREET AND NUMBER							101	ZIP CODE				10g. CIT	IZEN OF	41	COUNTRY?	_
FUNERAL	104 Roosevelt	104 Roosevelt Boulevard							21921				1	S.A.			
5	11. MARITAL STATUS			ENT EVER IN U.S. ARMED 1 YES 2 NO					ENDENT OF H			? (Specify Yas	or No-	14. RAC	E — Ar	merican Indian, ta, atc.	
BY	1 Never Married 2 Marr 3 X Widowed 4 Olvorced		IF YES, GIVE V					1 TYES		Specify:		noarr, etc.)		Spec	://y:	hite	
	15. DECEDER		18a. DE	CEOENT'S	USUAL C	CCUPATIO	N.		16b	KIND OF BUS	SINESS/IN	DUSTRY			_		
	(Specify only high Elementary/Secondary (0-12)	+)	(Gi	tve kind of Do NOT u	work done se retired.)	during mo	st of working										
린	7		Laborer						Manuf	actu	ring						
COMPLETED	17. FATHER'S NAME (First, Middle,	,			18. MOTHER'S NAME (First, Middle, I						_	_					
BE (William Walt				Margaret Goo							Goody	oodyear				
2	19a. INFORMANT'S NAME (Type/F Betty Brown								n, State, Zi kton		2	1921					
	20e. METHOD OF DISPOSITION April 12, 199 20b. PLACE OF DISPOSITION (Name of cometerly, crematory or other place) 20e. LOCATION — City or Town, other place)									own, St	ate						
- 1	4 Donation 5 Other (Spe	clfy)		_ Ch					dist C						1,	Marylan	ıd
	21. SIGNATURE OF FUNERAL SE	RVICE LIC	ENSEE	22. NAME AND ADDRESS OF FACILITY HICKS HOME for Funerals, P.A. Bow and Stockton Streets													
	23. PART i. Enter the disea						not ante		da of dying								
	IMMEDIATE CAUSE (Final	failure. I	List only one car				.,		,			intarval Batw				intarval Batwe Onset and De	
	disease or condition resulting in death)		. Cop	400	ti	ve	4	241	t ta	1/1	ure	2				24/20	d
		_	DUE TO	OR AS A	CONSE	DUENCE O	F):										
CERTIFICATION	Sequantially list conditions if any, leading to immediate	e	DUE TO	(OR AS A	CONSE	DUENCE O	HF):								\top		
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	Ζ.	2												_		
Ë	that initiated events resulting in death) LAST		DUE TO	(OR AS A	CONSE	DUENCE O	HF):								i		
빙			f			_									+		
	PART II. Other aignificant of	condition	a contributing to	daath b	ut not r	esuiting	in tha u	ndariyin	g cause giv	an in F	Part I.	24a, WAS AN PERFOR		241		AUTOPSY FINDIN	igs
50											_	1 TES 2			COM	PLETION OF CAUSE	ε
ME											_					YES 2 NO	
ž																	
ठ	25. WAS CASE REFERRED TO ME EXAMINER?	EOICAL	HOSPITAL:				OTHE		ACE OF DEA	TH (Che	ck only or	10)					
YS	1 TYES 2 NO		1 Inpatient 2		atient 3		4 🗆 Nu	rsing Hom	e 5 Reals	danca 8							
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pend 2 Application trives	ding stigation	28a. OATE Of (Month, I	Pay, Year)		28b. TIA 19V	ME OF JURY M	_	URÝ AT PRK? YES 2 🗌 P	NO	28d. DES	CRIBE HOW	INJURY O	CCUREO			
ED B	3 Suicide 8 Coul		28a. PLACE (building	PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								

29c. LtCENSE NUMBER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAB'S SIGNATURE Julia Davidson-Randell

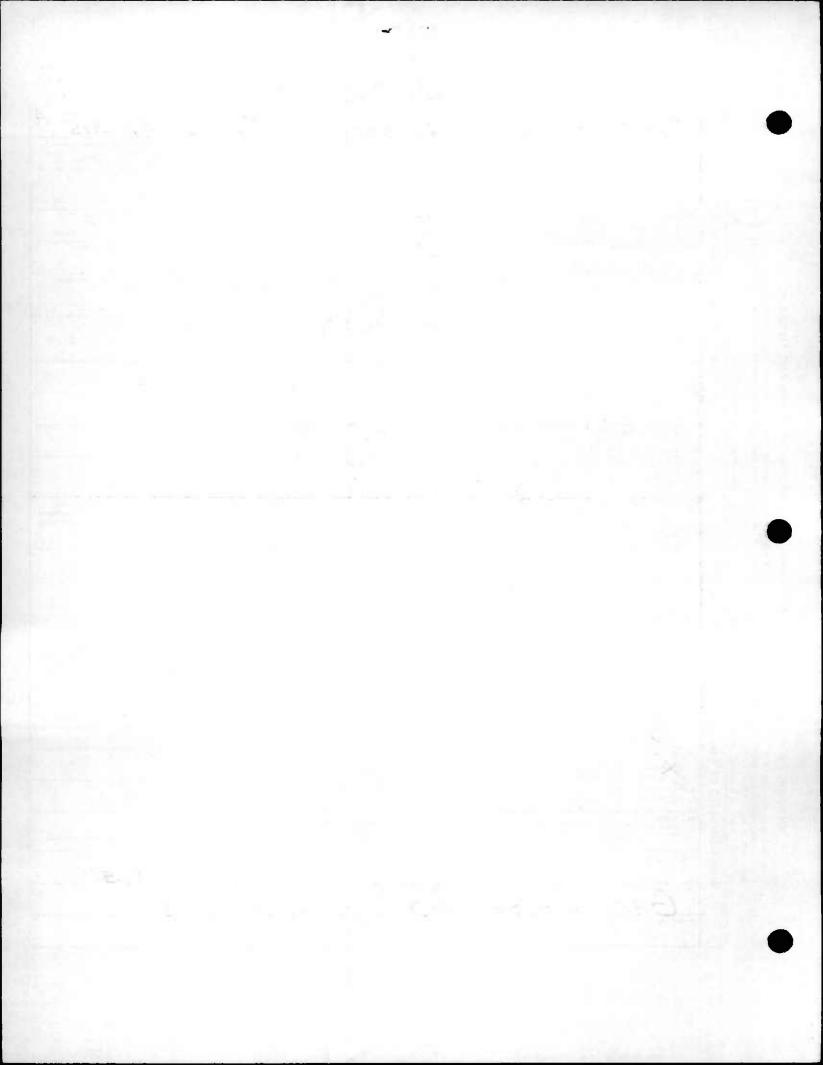
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

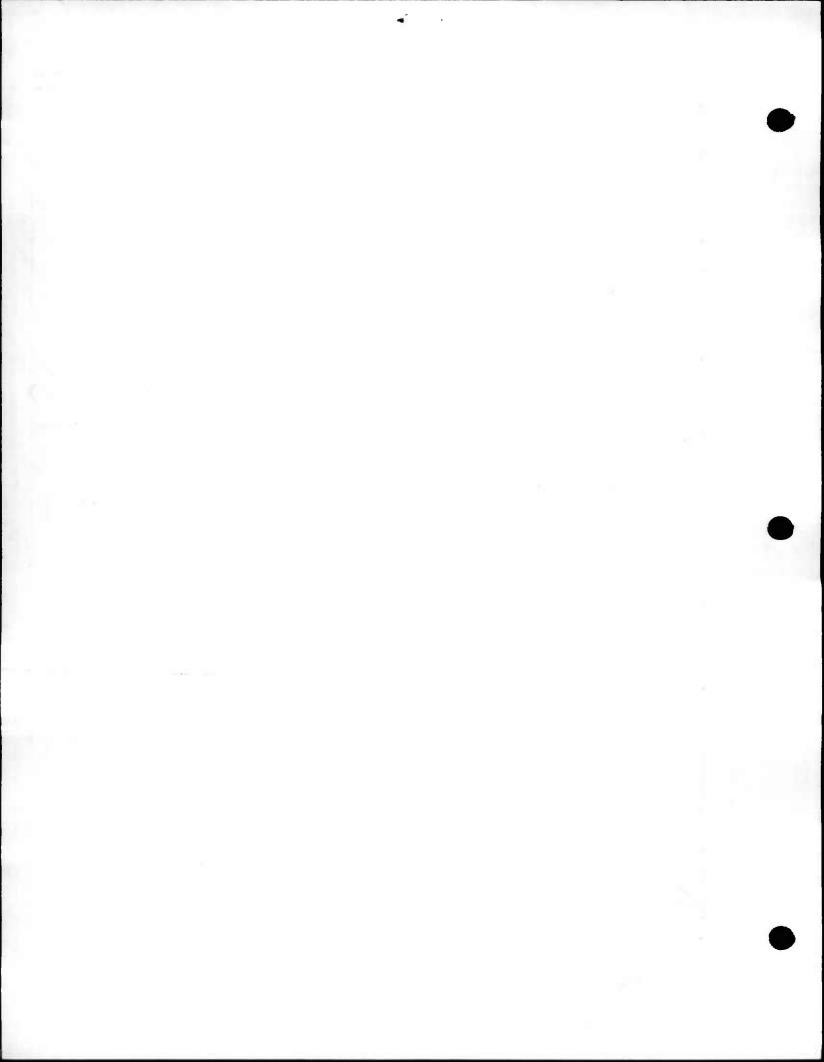
DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-riours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Deni of Health and Mental Houland Driving Lemation, or removal.	ej 23
the	det	5
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aine	hou	=
e ret	5	5
ay b	page	9
6 m	ctor,	TS I
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OR O	DIR	-
TAL	A F	=
OSP	UNE	F
포	出る	E
10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Deat of Health and Mental Houlene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	, and	

	FOR STATE REGISTRAR		STATE OF M		/ DEPAR					MENTA	AL HYGIE REG. N		9	1104	2
	1. DECEDENT'S NAME (First AR 9A 1 4. SOCIAL SECURITY NUM	et	M 5. SEX			ARN				MON	7	DAY 2	YEAR 91	3. TIME OF DEATH	/t
	222-09-26		1 M 2 XF	8. AGE (In yrs. I	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Mor. 10 /	e of Birth oth, Day, Year) 13/19	16	Count	HPLACE (State or Fore ry) On, DE	ign
œ	9a. FACILITY NAME (If not in		street and number)										9c. COUNTY OF DEATH		
2	Union Hosp	CEDENT			Elkton							Cec			
FUNERAL DIRECTOR	Delaware	New C			Newark									10d. INSIDE CITY LIMITS? 1 YES 2X N	10
VERAL	741 Old Ba				19702							USA	ZEN OF 1	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Olvo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ANO	13. WAS DECENDENT OF HISPANIC DRIGIN If yea, apecify Cuben, Mexican, Puerto F									. ,
TEO	15, DEC (Specify on	Give kind of	work done o	CCUPATK during mo	ON ast of world	ing	16	ib, KIND OF B	USINESS/IND	USTRY					
COMPLETED	Elementary/Secondary (i	Nur						Hea	lth Ca	are					
00	17. FATHER'S NAME (First, M Hiram Cook S							-0.00			Lowna				
BE	19s. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	Street a				mber, City or To		Code)		
5	Geraldine L	. Youn	g - daugh	iter	741 O	ld Ba	alti	more	Pik	e, N	Vewark	, DE	197	02	
	20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Templeville Cemetery 20b. PLACE OF DISPOSITION (Name of cometer); crematory or cher place) Templeville Cemetery														
	21. SIGNATURE OF FUNERAL C	Maye	r, Jr.			Sp	oice	r-Mu N. D	llik	in I	Funera	l Home	e, I	nc. , DE	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, and another cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Approximate interval Between Onset and Death of the provided Approximate interval Between Onset and Death of the p														
ERTI	resulting in deeth) LAS	т	d												
MEDICAL	PART II. Other eignifica	ant condition	na contributing to	death but no	t reaulting	in the un	ndariyin	g ceuse	given in	Part i.		AN AUTOPSY ORMED? 2 D NO	24	b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CO OF DEATH?	TO AUSE
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			CTUE		LACE OF	DEATH (Ch	eck only	one)				
IXSI	1 TYES 2 X NO		1 (A Inpatient 2		_		sing Hon		lesidence		her (Specify)				
ву Рн	27. MANNER DF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE Of (Month, L	ey, Year)	28b, Til	ME OF JURY M	WC	JURY AT ORK? YES 2 [□ NO	25d. D	EȘCRIBE HOV	V INJURY OC	CURED		
	3 Suicide 8 Homicide	home, farm,	, street, fect	lory, offic	*			CATION (Streety or Town, Sta		or Rural	Route Number,				
COMPLETED	2001		ER: On the basis of a											(a) and manner as str	sted.
296. SIGNATURE AND TITLE OF CERTIFIER								29c. LIC	ENSE NU	MBER	,	29d. DAT	E SIGNE	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						1	1	132	W.	Main	ţ. /	1	6/7/		
	31. DATE FILEO (Month, Day)	Year)	32. REGISTR	AR'S SIGNATURE	10		1	en	DAG	R		10/			
	MPR 7 1	'91	Sidian	avidson-7	Pandell										



		1. DECEDENT'S NAME (First, Middle, Lest) HARRY ALBE	ERT WIL	KINS				2. DATE OF DEATH	T 2	YEAR	3. TIME OF DEATH 10:30	₽			
1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	MONT	INDER 1 YEAR	_	7. DATE OF BIRTH (Month, Day, Yea		6. BIRTHI Country	PLACE (State or Foreig	n			
P		21607-8812 9e. FACILITY NAME (If not institution, give st	1 M 2 - F	86	YRS.			EPT 6		PEN	NSYLVAN	IA			
2 8 8	DIRECTOR	LAURELWOOD NUF	-111	OME	96.	ELK		AIR	CECIL						
Pages 1	SEC	10s. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOC	ATION				10d. INSIDE CITY LIMITS?	\neg			
nit. P3	1 1	MARYLAND CEC	IL		CHE		AKE CITY	Z			XXYES 2 \ NO				
physician. burlal-transit permit.	FUNERAL	100. STREET AND NUMBER					IOF. ZIP CODE		10g. CITI		HAT COUNTRY?				
cian. Il-trans		100 BASIL AVEN	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. WAS D	21915 ECENDENT OF HISPAN		Yee or No-	USA 14. RACE	- American Indian.	_			
attending physician. se as the burial-tran	₽	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2X N	10		specify Cuban, Mexica ES XIX NO Specify)		White, atc. WHITE				
or atter	TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S USUA ive kind of work of Do NOT use reti	fone during i		16b. KIND OF	BUSINESS/IND	USTRY					
hospital o lached for	ᆲ	Elementery/Secondery (0-12) UNKNOWN	College (1-4 or 5	+)			INEERS	US GOVERNMENT							
the hospital or att detached for use once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		1 00	KP OF	EING		ME (First, Middle, Ma		MALE IN	.1.				
3 8 6 E		ALBERT WILKIN	IS				ON								
5 should notified	10 B	190. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 100 BASIL AVE., CHESAPEAKE CITY, MD 21										
A 8 0		MAXINE WILKINS					AVE., CE		KE CI.			5			
6 may ector, pag		20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remote A Donation 5 Other (Specify)				MD									
Page dir		4 Donation 5 Dother (Specify) BETHEL CEMETERY CHESAPEAKE (21. SIGNATURE OF FUNERAL SERVICE LICENSII) 22. NAME AND ADDRESS OF FACILITY													
after death. Pag y the funeral di moval. ical examiner	Ш	FOARD FUNERAL HM, CHESAPEAKE CI 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately 1.													
to be executed within 22-mours after to be be executed within 23-mours after to sign and completely filled in by the rior to burfal, cremation, or removal.	NO	ahock, or heart feiture. List only one cause on each line. Interval Between Onset and Death dieease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate													
th certificate be ending physician I Hygiene prior to other traus	ERTIFIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
requires that the requires that the requires that the red is of Health and shows any is	MEDIC	PART II. Other eignificent condition	e contributing to	ing ceuse given in	given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY AMAILABLE PRICOMPLETION COMPLETION CONFIDENTY 1 YES 2 1										
SICIAN: The law n certificate has be h the State Dept. d, or Item 23 s	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only one)							
VIAN: The rithficate has State for Item	VSIC	1 UYES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA 4 E	HER: Nursing H	ome 5 - Residence	6 Other (Specify)							
S E E E E	ву РН	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	26b. TIME OF INJURY		NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OC	CURED					
DIVIDION DIRECTOR: After hours after death tem 28 is ma	TED	3 Suicide a Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At ho , atc. (Specify)	ome, farm, stree	t, factory, of	fica	281. LOCATION (St City or Town, S		or Rural F	loute Number,				
29e. CERTIFIER (Check only one) 20e. CERTIFIER (Check only one)) and manner as state	ıd.			
TO THE HOSPITAL IN THE FUNERAL DE FINE WITH TO THE TO THE FOR THE THE PROPERTY OF THE PROPERTY	띪	29b. SIGNATURE AND TITLE OF CENTIFIE	Jose	ph G.L	anzi,	4D	29c. LICENSE NUI		29d. DAT		(Month, Day, Year) 15/91	\exists			
	۵	Joseph G. Lan	zi, M.D.	721	M 27) (Type, Prin Bridge	St	. E	lkton,	Md. 2	192	1				
		31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	-Randall										
		/ 111112231	4		-						-170	100			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

													91	110131
	1 - STATE REGISTRAR		STATE OF N	ARYLAND C	DEPAR					MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First		,								E OF DEATH			3. TIME OF DEATH
	Camero	n E.	W111	iams						MON	TH DA	91	YEAR	10:13 AM
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDE	R 1 YEAR	IF UNDE	24 HRS.		OF BIRTH	. 1		LACE (State or Foreign
	242-24-199	2	1 € M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 4-22	7	Country)	t, N.C.
	9a. FACILITY NAME (# not in	stitution, give s	treet and number)								4-22	ATH		
E	Union	Hosp	ital					Flu	ton			1		
Ĕ	RESIDENCE OF DEC	EDENT						27 2. 1						
DIRECTOR	Md .	10b. COUNTY			10c. CI1	ry, town	OR LOCAT	NOI						IOd. INSIDE CITY LIMITS?
ā			Cecil						Elk	ton				TYES 2 NO
FUNERAL	10s. STREET AND NUMBER						101	. ZIP COD				10g. CITIZ		AT COUNTRY?
9		an Al		Street					192				U.S	
3	11. MARITAL STATUS 1 Never Married 2 🔯	Married		DECEDENT EVER IN U.S. ARMED				ENDENT	OF HISPAN	NC ORIGI	IN? (Specify Yes Rican, etc.)	or No-	Black,	- American Indian, White, etc.
B⊀	3 Widowed 4 Divo		IF YES, GIVE V	WATE OR DATES			1 TYES	ZX NO	Specifi	y:			Specify:	White
ED	15, DEC	2. 16a. D	ECEDENT'S	LIGHAL C	CCUPATIO	OM.		10	b. KIND OF BUS	INESC/INDI				
	(Specify online Elementary/Secondary (Control of the Control of th	y highest grade	College (1-4 or 5		Give kind of e. Do NOT u	work done	during mo	at of work	ng		a rang or goo	MILOS/MDG	JINI	
COMPLET	1.2	-12)	Conege (1-4 or 5	Ow	ner	- S	choc	1 E	use	s ′	Transp	orta	tion	n
8	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First.	Middle, Maiden	Sumame)		
O W	Elbert	Wi11	iame					1000			Bryant	,		
0	19a. INFORMANT'S NAME (44	Tanis	-1	9b. MAILING	G ADDRES	S (Street a						Code)	
2	196. INFORMANT'S NAME (Type/Frint) Anne Williams 10 Norman Allen St., Elkton, Md. 21921													
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or company or co													
	North East Meth. Cemetery North East, Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 259 E. Main St.													
	Gee Funeral Home Elkton, Md. 219													
	EIRCON, Md. 21													
	shock, or heert failure. List only one cause on each line.													Approximate interval Between
	IMMEDIATE CAUSE (Fit disease or condition	nel	1	1		1	1							Onset and Death
	resulting in death)	→	- Kespi	(OR AS A CONSI		TAI	me						_	
8	Sequentielly list condit	ions,	b. DUE TO	SNE CONE	As pe	16il	1041)		<u> </u>					-
CERTIFICATION	if any, leeding to imme cause. Enter UNDERLY	diate												i
윤	CAUSE (Disease or injuting that initiated events		c. DUE TO	OR AS A CONSI	EOUENCE C	Pr:								-
E	resulting in deeth) LAS	т												j
CE			d											+
AL	PART II. Other significa	ent condition	s contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I.	24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS
8											1 YES 2			COMPLETION OF CAUSE OF DEATH?
W														YES 2 NO
ž														
¥5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	110001741					LACE OF	DEATH (Ch	eck only	one)			
)S	1 VES 2 NO		HOSPITAL:	☐ ER/Outpetlent	3 🗆 DOA	4 No		10 5 D F	lesidence	6 🗆 Oth	ner (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	013190-	28a. DATE OF (Month, E		28b, Til	ME OF	28c. IN.	URY AT		28d. DI	EŞCRIBE HOW I	NJURY OCC	URED	
BY	1 Natural 5 2 Accident	Pending Investigation				M		YES 2	_ NO					
EDE	3 Suicide 8	Could not be	28e. PLACE (OF INJURY — AI I	ome, farm,	street, fe	ctory, offic	•		251. LO	CATION (Street I	and Number o	or Rural Ro	ute Number,
4 Homicide determined														
COMPLET	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
2	anal													and manner as stated.
S I	29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)													
	Physician D.33510 > 4-12-91											0.1		
2	30 NAME AND ADDRESS O	E DEDOON WE	O COMPLETED CALL	OF OF/MEATH AT		CITY		1	733	,,,			1	11

PLETED CAUSE OF PEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randall

5 '91

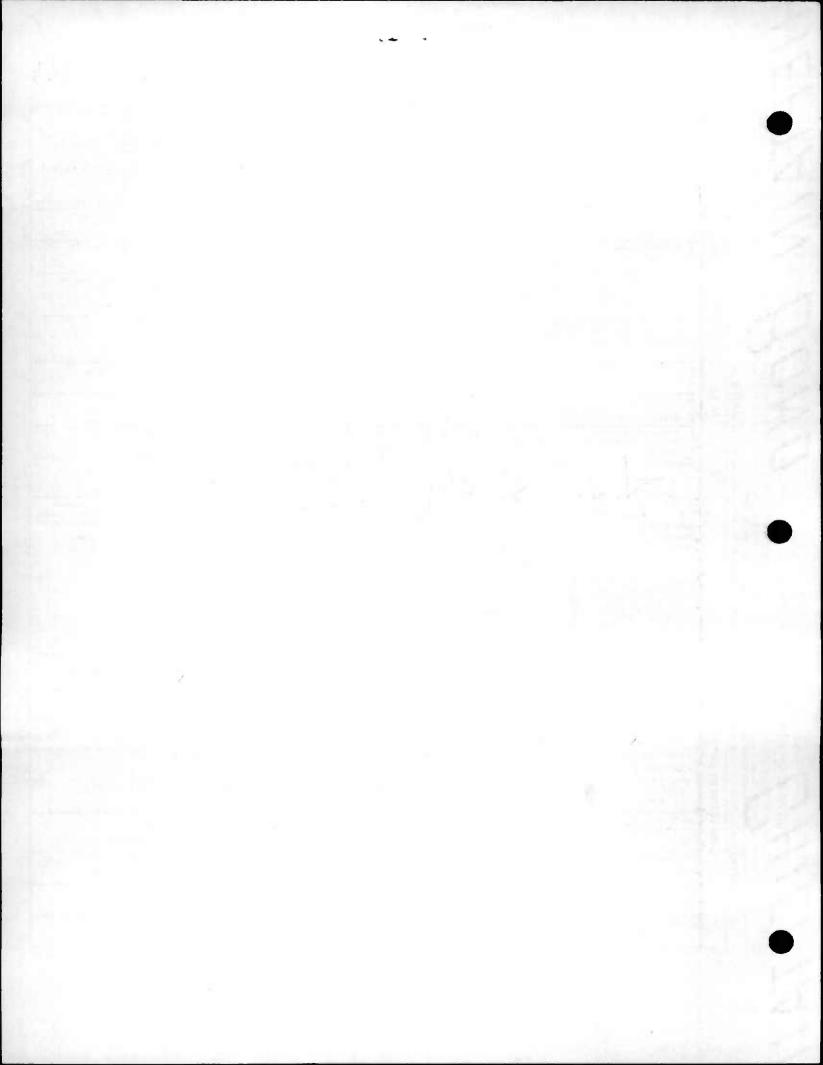
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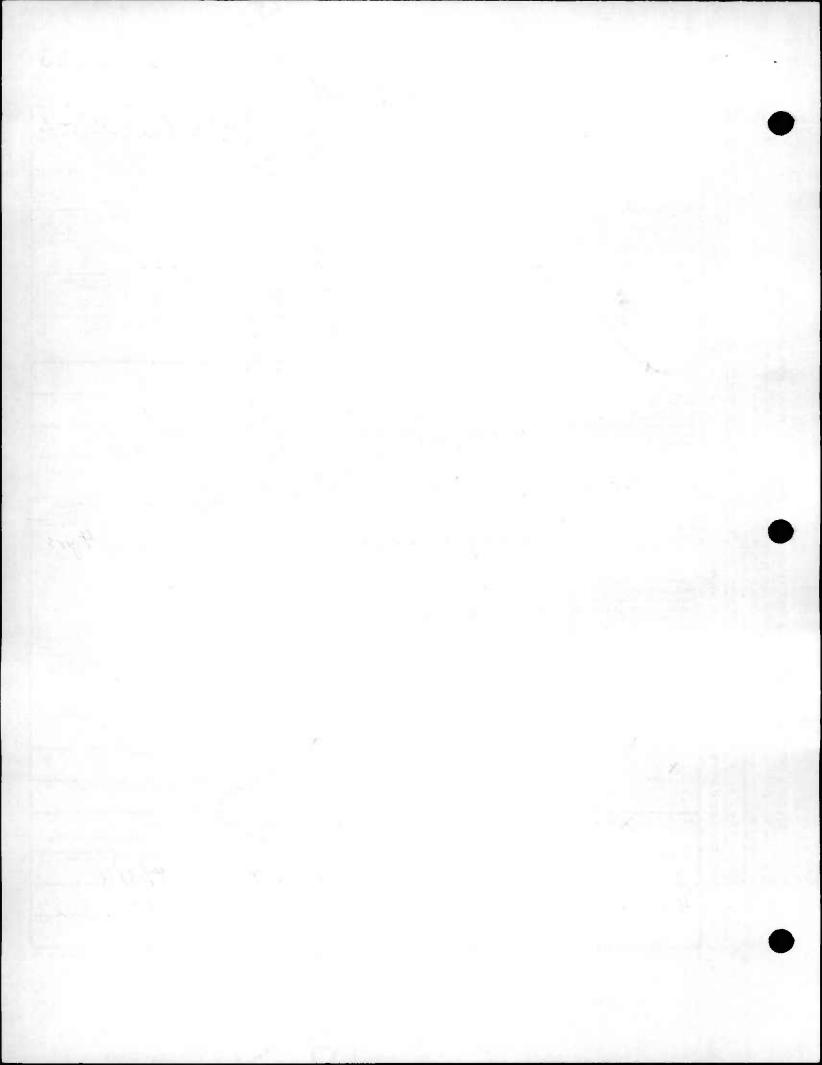




	3 amound		H
Au.	iges 1, 2,		
	permit. Pa		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	vis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3, a	II, Cremation, or removal.	irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to Durial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic e

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	:
		C	ERTIFICATE	0	F DEA	TH		REG. NO.	

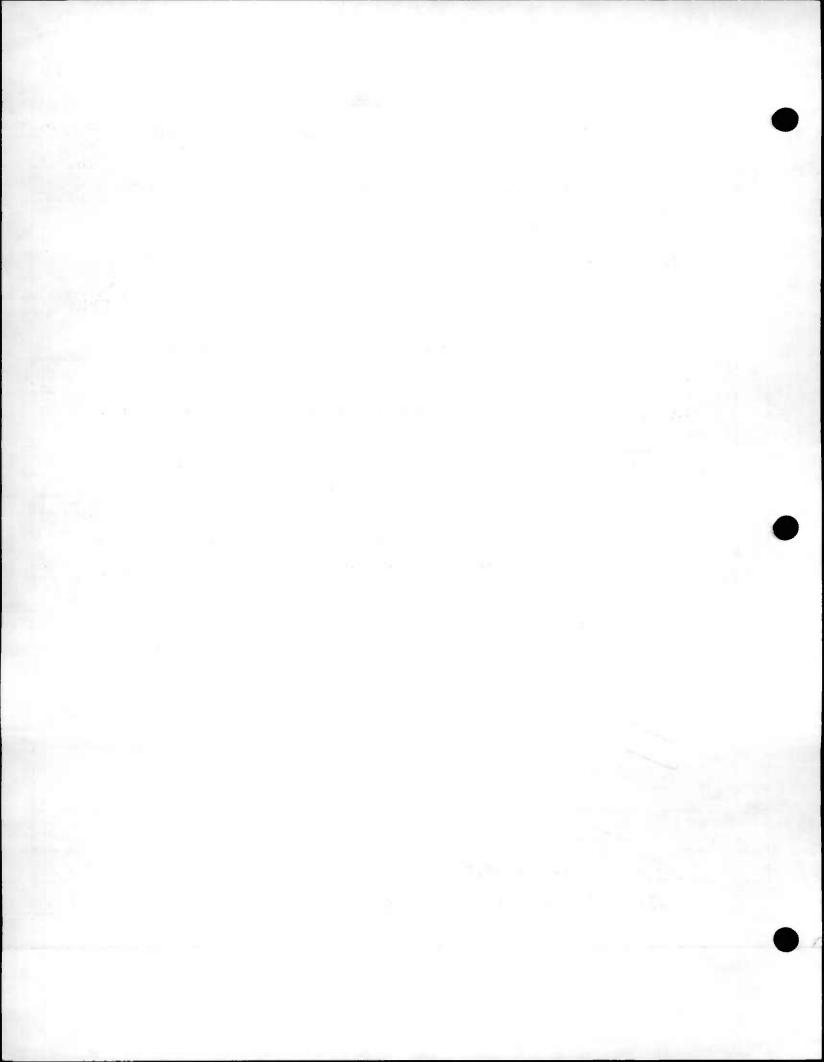
1 - FOR STATE REGISTRAR		STATE OF M		DEPAR ERTIF					MENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Gracie	I.	Wright							2. DATE	OF DEATH	AY /	YEAR 9/	3. TIME OF DEATH 02,50A
4. SOCIAL SECURITY NUME 215 34 7002		5. SEX 1 M 2 F	6. AGE (In yrs. In	yrs.	IF UNDER	DAYS	IF UNDER	MIN.	(Mont	of BIRTH h, Day, Year) 9,19	22	Count	PPLACE (State or Foreign ry) Cginia
9a. FACILITY NAME (# not in 826 Union	Church	and the second s					TOWN OR LOCATION OF DEATH kton Cecil						
RESIDENCE OF DEC 10a. STATE Maryland	10b. COUNTY	ecil			y, town	OR LOCAT	TON						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 826 Union C	hurch	Road					. zip coo				10g. CT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES 2 🔼	RMED NO		WAS DEC	ENDENT	OF HISPAI	in, Puerto	N? (Specify Ye Rican, etc.)	_	14. RACI Blac	E — American Indian, k, White, etc.
	EDENT'S EDUC highest grade ()	ECEDENT'S Give kind of the Do NOT us OMEMA	work done se retired.)	CCUPATIO during mo	ON et of world	ing	168	. KIND OF BU	ISINESS/IN	IDUSTRY	
17. FATHER'S NAME (First, M Mert He								HER'S NA	ME (First,	Middle, Maiden	Sumama) Murdo		
19a. INFORMANT'S NAME (1 Shirley R		meersch								ber, City or Tox			21
20a. METHOD OF DISPOSIT 1X Burial 2 Crematic 4 Donation 5 Other		4-16- oval from Stata	- 9120h PLACE		SITION (N	ame of co				20c. L0	OCATION -	- City or To	
21. SIGNATURE OF FUNERA		ENSEE	1/:	h.	_		HOTE Sto	ess of FA	or Fu	neral reets 2192			
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Lung Cancer Due to (or as a consequence of): b. Oue to (or as a consequence of): b. Oue to (or as a consequence of): b. Oue to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
PART H. Other algolitics	-	a contributing to	daath but not	resulting	in the u	nderlyin	g cause	given in	Part i.	24s. WAS AI PERFO 1 — YES	RMED?	241	D. WERE AUTOPSY FINDING AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHE		-40		neck only o	ne) er (Specify)			
27. MANNER OF DEATH	Pending investigation	28a. DATE OF (Month, De	INJURY	28b, TIN	_	28c, IN,			_	SCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 5 Homicide	Could not be determined	28s. PLACE O building,	FINJURY — AI h etc. (Specify)	iome, farm,	street, fac	tory, offic	•		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
1		CIAN: To the best of R: On the basis of as											a) and manner as stated.
29b. SIGNATURE AND TITLE	as.	MD					29c. LIC	53	MBER 14		29d. DA	TE SIGNED	(Month, Day, Year)
II 30. NAME AND ADDRESS O	F PERSON WHO	O COMPLETED CALLS	SE OF DEATH AT	EM 27) (Turns	Print1								
30. NAME AND ADDRESS O H. Farke 31. DATE FILED (Month, Day,	Six	1. D. 1	SE OF DEATH (IT	EM 27) (Type	- 2	esa	000	ike	Hos	pres	E	1kto	7.10



DHMH-16 Rev 1/89

BALLIMORE, MARYLAND	in 2. nours after death. Page 6 may be retained by the hos	by filled in by the funeral director, page 5 should be detache ration, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF		HEALTH AN	D MEN	ITAL HYGIEN! REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	W	elliam				March	28,1	YEAR 991	3. TIME OF DEATH
1	I. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR		N. (Month, Day, Year)	012	Country	
/	9. FACILITY NAME (If not institution, give s	street and number)	1, 11 11		N OR LOCATION O		ec. 12, 1		IN EV NTY OF DI Seric	
5	Frederick Memoria	Hospitai		Frede				Frec	ieric	K
DIME	MD Fre	ederick	10c. CIT	Y, TOWN OR LO Keyma						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
EHAL	100. STREET AND NUMBER 11633 LegoreBridg	e Rd.			101. ZIP CODE 21757				ZEN OF W	NAT COUNTRY?
בי רטה	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	3 2 NO	If yes	specify Cuben, Me	SPANIC O exicen, Pu pecify:	RIGIN? (Specify Yes erto Rican, etc.)	or No-	14. RACE Black Specifi	— American Indian, i, white, atc.
PLEIEU	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 3rd		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	NTION most of working	:	Agricu			Wille
DE COMPL	17. FATNER'S NAME (First, Middle, Lest) UNKNOWN					s NAME (F	First, Middle, Maiden :	Surname)		
2	196. INFORMANT'S NAME (Type/Print) William Stiles						Number, City or Town			757
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	other place) Wo	odlawn	Memoria	al Pk	East	ton,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22. NAMI	AND ADDRESS O	enbe	Greensbo	oro,	MD :	21639
HILLAIION	23. PART I. Enter the diseases, prehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	A CONSEQUENCE O	enot			and and and and and and and and and and			Approximate interval Between Onset and Death
N: MEDICAL CE	PART II. Other significant condition	na contributing to death	but not resulting	In the underl	ying cause give	n in Pari	24e, WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINED? 1 VES 2 NO	HOSPITAL:	stantiant 3 🗆 DOA	OTHER:	PLACE OF DEATH					
	27. MANNER OF DEATH 1 Mitural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	7 26b. TIS	ME OF 28c.	INJURY AT WORK?	280	1. DESCRIBE HOW I	NJURY OC	CURED	
IED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, pecify)	street, factory, o	ffice	261	City or Town, State)	and Number	r or Rural F	Route Number,
COMPLEIED		ER: On the beele of examinat								a) and manner se stated.
D DE	29b. SIGNATURE AND TITLE OF CERTIFIE	front	the m	つ	29c. LICENSE	S S	183	29d. DAT	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	Afrookte	6	300	w 9	y th	St F	red	eric	ek, MD
	31. DATE FILED (Month, Day, Year) APR 0 3 °01	Julia Davids	on-Randall							,

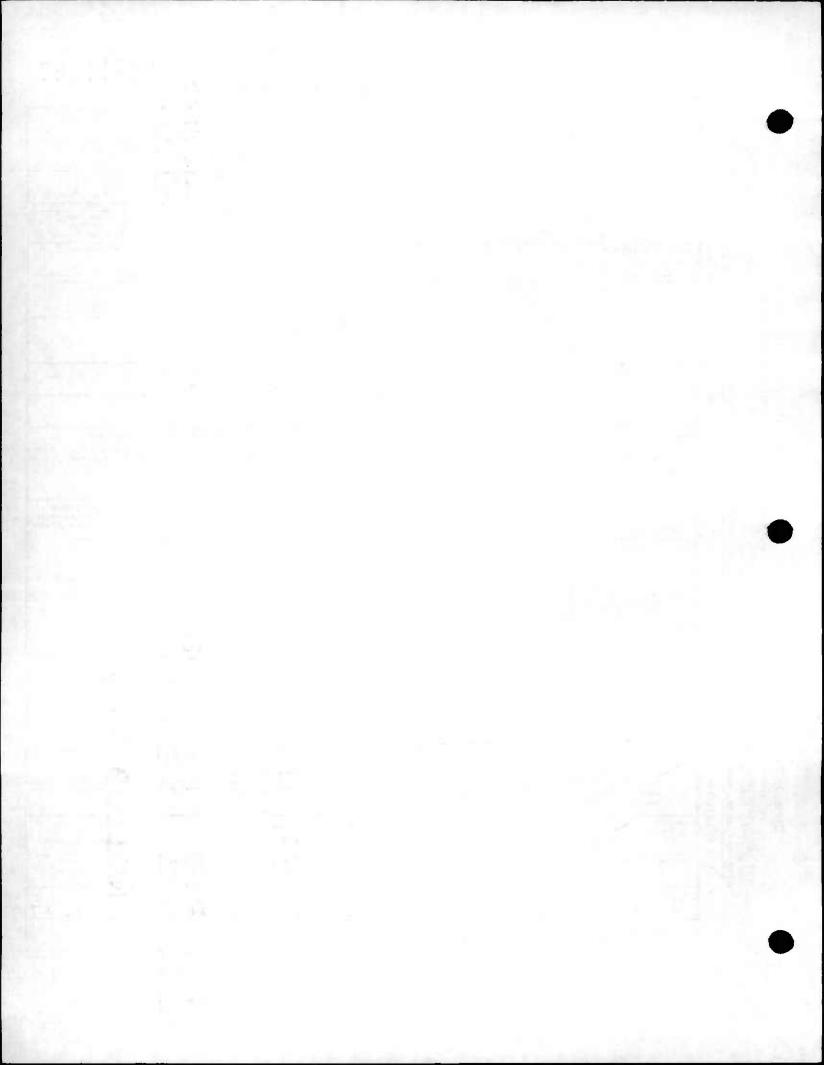


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1.2.	6
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IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	-

	FOR STATE REGISTRAR	STATE OF			RTMENT O			MENTAL HYGIEN REG. NO			11047
	1. DECEDENT'S NAME (First, Middle, L John C.		m					2. DATE OF DEATH	ay y	1 ^{YEAR}	3. TIME OF OEATH 2:20 a M
1	4. SOCIAL SECURITY NUMBER 217-07-3939	5. SEX 1 ∰ M 2 ☐ F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YE MONTHS DA	_	INDER 24 HRS. JRS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 12 190		6. BIFT I	IPLACE (State or Foreign
	90. FACILITY NAME (If not institution, g Memorial I	lospital				Y, TOWN OR LOCATION OF DEATH Easton Sc. COUNTY OF DEATH Talbot					EATH
RECT	RESIDENCE OF DECEDEN 10e. STATE 10b. CO	UNTY		10c. CI1	Y, TOWN OR L	CATION					10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland 100. STREET AND NUMBER	Caro1i	ne			101. ZIP	entor	n	10g. CITI	ZEN OF	1 X YES 2 NO
NER/	309 South Fi						21629			S.A	
B	11. MARITAL STATUS 1 Never Merried 2 XMarried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 N WAR OR DATES	MED IO	If yo	, specify		NIC ORIGIN? (Specify Years, Puerto Ricen, atc.) y:	or No—	Blac	E — Americen Indian, k, White, etc. #y: LCasian
COMPLETED	15. DECEDENT'S (Specify only highest : Elementary/Secondary (0-12) 8 years	EDUCATION grade completed) College (1-4 or 5 None	(G. life.	ive kind of Do NOT u	work done during retired.)	g most of		18b. KIND OF BU			n
	17. FATHER'S NAME (First, Middle, Las		Wilhelm				MOTHER'S NA	ME (First, Middle, Maiden Y Anne Wi	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Naomi S. Wil		190				umber or Rural	Route Number, City or Tow	n, State, Zip		MD 21629
	20e METHOD OF DISPOSITION 1 Description 2 Cremetton 3 C 4 Donation 5 Other (Specify)		of cemetary	AND DAT	e of disposity or other place Cemet	IDN (Nan		DATE 20c. LO	CATION —	City or To	
	21. SIGNATURE OF FUNERAL SERVICE	66hel	Moure		Mo	ore			P. A	Α.	
	23. PART I. Enter the diseases shock, or heart fell iMMEDIATE CAUSE (Final disease Dr condition resulting in death)	ure. List only one ce	use on each line	1.	not enter the	moda o	of dying, suc		iratory an		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CE	PART II. Other algnificant cond	litions contributing to	o death but not i	resulting	In the under	iying ca	use given in	Part I. 24a. WAS AN PERFOI	RMED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:		-	OTHER:	6. PLACE	OF DEATH (CI	heck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ⁴	F INJURY Day, Year)	26b. Til	4 Nursing ME OF 28	. INJURY WORK?		6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OC	CURED	_
TED BY	2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE building	OF INJURY — Al ho	ome, farm,			2 110	261. LOCATION (Street City or Town, State	end Number	r or Rurel	Route Number,
COMPLETED	enel	PHYSICIAN: To the best of									is) end menner as stated,
98	29b. SIGNATURE AND TITLE OF CER	TIFIER Sed	es !	71	>	294	LICENSE NU	376	29d. DAT	TE SIGNE	D (Month, Day, Year) 4 - 9
5	30. NAME AND ADDRESS OF PERSO		USE OF DEATH (ITE			^	N -	T. O.			7//29

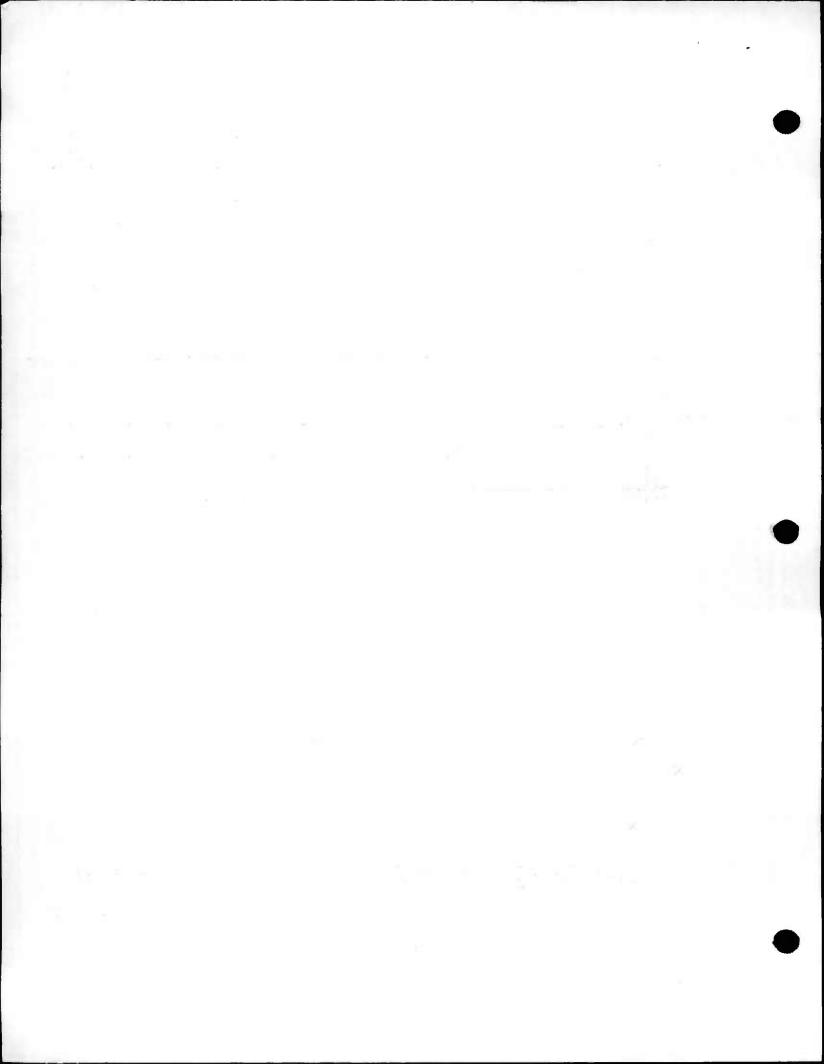
32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Your)
APR 17 '91

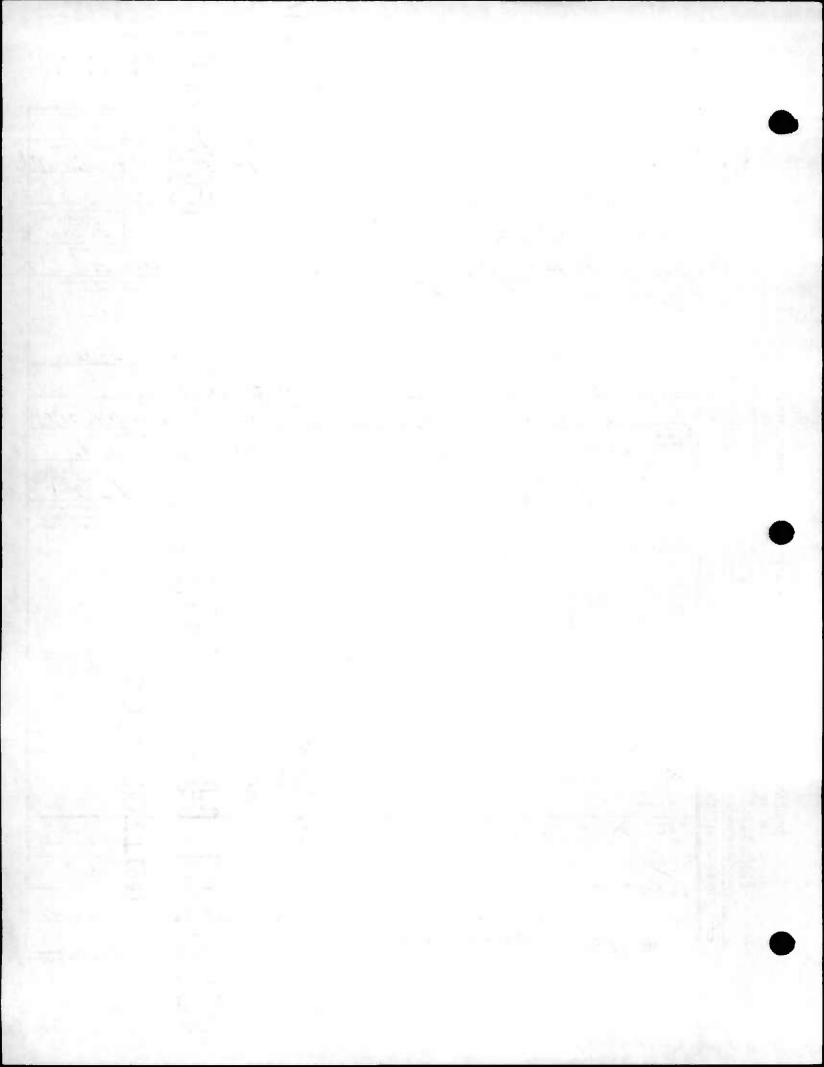


DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* mours after death. Page 6 may be retained by the hospital or attending physician.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2.	2.3
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IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	P

	1 - REGISTRAR	C	ER1 if a	SATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH
1	Norman Edward	Wisseman				Mar.		91	10:30 PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,		8. BIRTI	HPLACE (State or Foreign
	221-18-9911 12 M2	□ F 5 9	YRS.	ONTHS DAYS	HOURS MIN.	Jan 4	.1932		lton, Del.
1	9e. FACILITY NAME (If not institution, give street and num	ber)	1	9b. CITY, TOWN (OR LOCATION OF OE		9c. C0	UNTY OF E	DEATH
DIRECTOR	411 Liberty Road		Federalsburg, Md. Caroline						
E E	100. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TON				10d. INSIDE CITY
8	Md. Carolin	0	F	odonal	sburg,				LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER		1	10	. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
FUNERAL	411 Liberty Road				21632			USA	
E		S? 1 YES 2 GIVE WAR OR DATES			ENDENT OF HISPAN			14. RAC Blec	CE — Americen Indien, ck, White, etc.
B	3 Wildowed 4 Divorced	GIVE WAR OR DATES	K		2 NO Specify			Spec	white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. Di	ECEDENT'S U	SUAL OCCUPATION	ON et of working	18b. KIND	OF BUSINESS/I	NOUSTRY	
<u> </u>	Elementary/Secondary (0-12) College (1-	-4 or 5 +)	e. Do NOT use	ork done during mo retired.)	St bi working				
Ē.	8 0	T/	ruck	driver		Tru	ck Dri	ver	
Ö	17. FATHER'S NAME (First, Middle, Last)			-2011000000	18. MOTHER'S NA	ME (First, Middle	Malden Sumame)	
BE C	Fred Lewis Wissema	n			Nexio	a Lee	Willey	/	
TO B	19e. INFORMANT'S NAME (Type/Print)		9b. MAILING	ADDRESS (Street a	and Number or Rural I	Route Number, Ci	ty or Town, State,	Zip Code)	
ř	Grace E. Wisseman		411 L	iberty	Rd. Fe	ederal	sburg,	Md	. 21632
	20e. METHOO OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from St	20b. PLACE		TION (Name of ce	metery, crematory or		20c. LOCATION	— City or T	iown, State
	4 Donetion 5 Other (Specify)	St.		stown	Cemeter	ry	Greenu	sood	. Del.
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				NO ADDRESS OF FA				
	Contra				liamsor				
	23. PART i. Entar tha disaeses, or complication	ne that caused the d	eeth Do no	t enter the mo	on alkhi	hee cerdies	or resolvetory	errost	Approximete
	shock, or heart failure. List only o	ne cause on each iln	e.	t unter the me	do or dying, suc	ii oo coldido	or reophiatory	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition								Onset and Death
		spiratory	Fai	lure					1 Wk
				ī.					
CERTIFICATION	Sequentially list conditions,	rcinomato	DSIS EQUENCE OF	1					1 mth
TA:	if any, leading to immediate cause. Enter UNDERLYING								
표	CAUSE (Diseesa or injury 5 c. Ca	rcinoma j	OUENCE OF	:					6 mth
E	resulting in death) LAST								
EDICAL	PART II. Other significant conditions contribu	ing to deeth but not	resulting in	the underlyin	g ceuse given in	Part i. 24a.	PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	COPD					10	YES 2 NO		COMPLETION DF CAUSE OF DEATH?
ME	-arthritis, Rheuma	toid				_			1 - YES 2 - NO
ż	aroni rozo, inicama								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT.	ΑΙ.		26. P	LACE OF OEATH (Ch	eck only one)			
lS.		ent 2 ER/Outpatient			ne 5 Residence	8 - Other (Spe	ecify)		
표		NATE OF INJURY Month, Day, Year)	28b. TIME INJU		JURY AT	28d. OEŞCRIE	E HOW INJURY	OCCURED	
В	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide s Could not be	PLACE OF INJURY — At houlding, etc. (Specify)	iome, ferm, st	reet, fectory, offic	•	281. LOCATION City or Tox	N (Street and Num vn, State)	ber or Rural	Route Number,
	4 Homicide determined								
COMPLETED	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the	best of my knowledge, o	leath occurre	d at the time, date	end place, end due	to the cause(s)	end menner ee	itated.	
NO.	one) 2 MEDICAL EXAMINER: On the be	iele of examination end/or	r investigation	, in my opinion,	leath occured at the	time, date end	place, end due to	the ceuse	(e) end menner se stated.
								ATE SIGNE	D (Month, Day, Year)
BE	Im Tun	mill,	MI	7	D1102				8-91
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	EO CAUSE OF DEATH (IT	EM 27) (Type.	Print)	1 11102	, J.			V 11
	H. R. Trapnell, M.				0 1110	Fodo	ralahu	*~	Md 21622
9	31. DATE FILED (Month, Day, Year) 32. Rt	EGISTRAR'S SIGNATURE		Ingual	e Ave.,	reae	rarsbu	rd,	Mu. 21032
- 0		Pin Kail Y							



1. DECEDENT'S NAME (First, Middle, Last)	1/	***	RTIFICAT			2. DATE OF DEAT	ТН	VEAD	3. TIME OF DEATH	
Freeman	V.		Wi	aht		(Prid	4 10	991	1537	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi	- //	DER TYEAR	IF UNDER 24 HRS.	7. DATE OF BIRT			IPLACE (State or Foreign	
217-16-9229	1X M 2 🗆 F	71	YRS. MONTH	B DAYS	HOURS MIN.	(Month, Day, Ye		Countr	tipoum 1	
9a. FACILITY NAME (If not institution, give st	treet and number)		9b. C	ITY, TOWN C	OR LOCATION OF DI			UNTY OF D		
		TOLET						COMI		
RESIDENCE OF DECEDENT	RAL HOSP	LTAL		DAL	ISBURY		I WI	COLLY		
10a. STATE 10b. COUNTY	1		10c. CITY, TOW	N OR LOCAT	TION				10d. INSIDE CITY	
Md. W	comico	>	Sa	lesbe	ury				1 YES 2 NO	
10e. STREET AND NUMBER		_		101	. ZU CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?	
723 N. Wesh	ver 1	Dr.		1	21801	ŕ		4.3	. 4	
11. MARITAL STATUS		NT EVER IN U.S. ARME			ENDENT OF HISPA			14. RACE	E — American Indian, k, White, etc.	
1 Never Married 2 Married		1 ☐ YES 2 ☑NO WAR OR DATES	' I		ecity Cubing Mexico		c.)	Specify:		
3 Aidowed 4 Divorced	9.27.5					<u></u>		13	BIK	
15. DECEDENT'S EDUC (Specify only highest grade		(Give	EDENT'S USUAL e kind of work do	ne during mo		18b. KIND O	F BUSINESS/IP	BUSINESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	life De	Do NOT use retire	d.)	/		, ,	1	11	
4	1405 Col	kee 3	School	teac	her	In	dustri	al	Frt5	
17. FATHER'S NAME (First, Middle, Last)	7	1			18. MOTHER'S NA	AME (First, Middle, M	laiden Surname)			
Van Bure	N Wing	sht			Alber	to H	ull			
19a. INFORMANT'S NAME (Type/Print)	1 1	19b. (MAILING ADDR	ESS (Street a	and Number or Rural	Route Number, Cify	or Town, State, 2	Zip Code)	,	
Lewa Kirkla	ind	9	15/ -	The	SON Str	et	Salisb	ury.	Mel. 2/80	
28a. MEPPIOD OF DISPOSITION		20b. PLACE AI	ND DATE OF D	ISPOSITION			DC. LOCATION -	- Clay or To	own, State	
1 Donation 5 Other (Specify)	oval from State		geneatory or oth		o Comet	4-13 /	Mech	010	md.	
21. SIGNATURE OF FLINERAL SERVICE LIC	TINSEE	- Cei			THE WAY	11111	VCSIUN	Cr	1114	
			U	22. NAME AI	ND ADDRESS OF FA	CILITY	. 2			
) -	1	September 1		WA	T30N	Funeral	Hon	e	4	
-26	4	- Control		WAS	T30N + Rd	Funeral Solu	Hon	mo	1.21861	
23. PART I Enter the diseases, or a shock or heart fallure.	complications the			wes	730N , + Rd.	Funeral Solu	ton	monreat,	Approximate	
ahock, or heart failure.	complications the			wes	730N , + Rd.	Funeral Solu	then story a	Monreat,		
ahock, or heart failure. iMMEDIATE CAUSE (Final disease or condition	complications the			wes	730N , + Rd.	Funeral Solu	from	M o	Approximate interval Between	
ahock, or heart failure. iMMEDIATE CAUSE (Final	complications the	andia		wes	730N , + Rd.	Funeral Solu	hon hung reapiretary a	monreat,	Approximate interval Between	
ahock, or heart failure. iMMEDIATE CAUSE (Final disease or condition	complications the	andia	nth. Do not en	wes	730N , + Rd.	Funeral Solu	ton	MO Prreat,	Approximate interval Between	
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s after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 7, 2:3 emoval.	dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPTAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or stending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2.3 mbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

Dr.

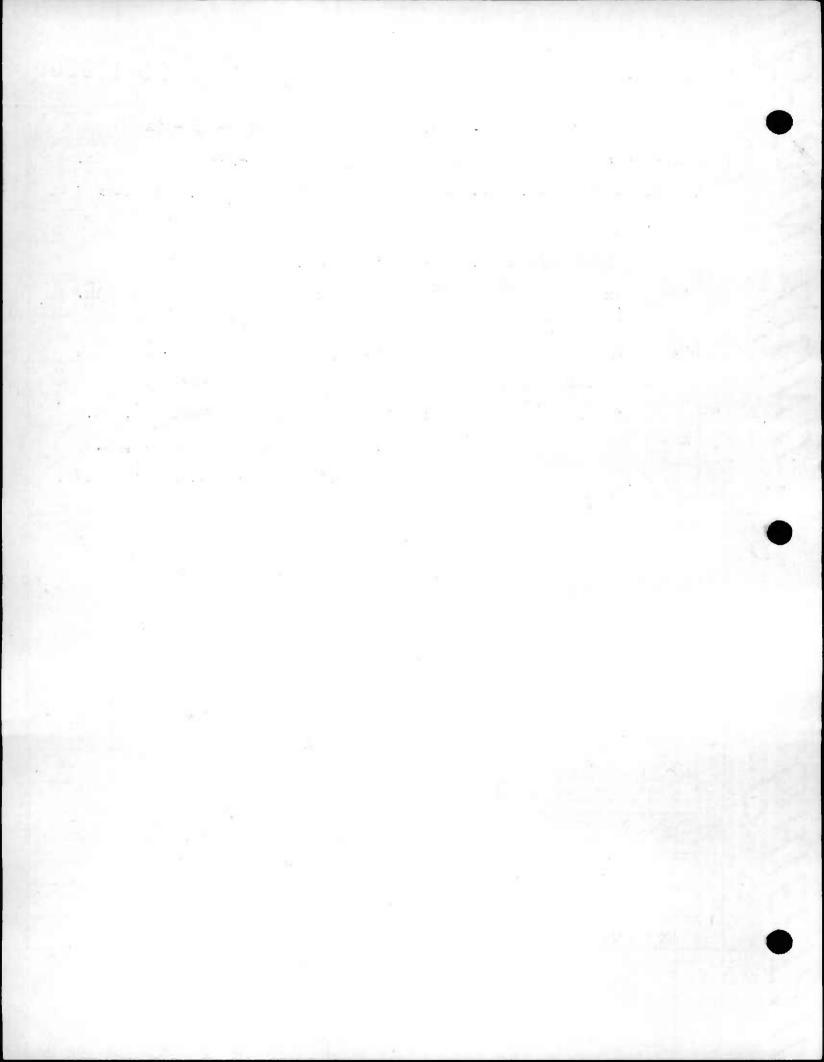
J.G.

31. DATE FILED (Month, Day, Year)
APR 0 8 91

Santianoi

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	_	11050				
1	1. DECEDENT'S HAME (First, Middle, Lest) Lessi	e P. We	lch		2. DATE OF DEATH	AY - 91Y	3. TIME OF DEATH				
.)	218-24-5150	5. SEX 8. AGE (In yrs. les	YRS. IF UNDER	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign Country) Ga.				
TOR	9e, FACILITY NAME (If not institution, give street New Towne Ap RESIDENCE OF DECEDENT	ots. Apt. D-1		r, town or location of di	EATH	Worc	of DEATH ester				
FUNERAL DIRECTOR	100. STATE 100. COUNTY Worcester 10c. CITY, TOWN OR LOCATION POCOMOKE										
IERAL	106. STREET AHD HUMBER 1210 Ma	rket St.		10f. ZIP CODE 21851		10g. CITIZEN USA	OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Hever Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XXII IF YES, GIVE WAR OR DATES	MED 13.	WAS DECEMBENT OF HISPAIN yea, specify Cuben, Maxico 1 YES 2 HO Specific Spe	en, Puerto Ricen, etc.)	s or No 14.	RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) Elementary	ATIOH 16s. DE (G (G (i/fe.	CEDENT'S USUAL C live kind of work done Do NOT use retired.)	during most of working	k						
BE CON	17. FATHER'S HAME (First, Middle, Last) John Henry Rucker 18. MOTHER'S HAME (First, Middle, Malden Surname) Daisey Whitehead										
10	190. INFORMANT'S NAME (Type/Print) Rebecca Reyno	olds	b. MAILING ADDRES	s (Street and Number or Rural ley Court			e, Md.				
	20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION (Name of cametary, cramatory or other place) 3										
	21. SIGNATURE OF FUHERAL SERVICE LICEHSEE **Wharton Funeral Home-Accomac, Va.** **Wharton Funeral Home-Accomac, Va.** **The Company of the										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or opndition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 1 Insettant 2 ER/Outpattent 3 DOA 4 Murphy Home 5 To Residence 8 Other (Specific)										
ВУ РНУ	27. MANNER OF DEATH 1 Hetural 5 Pending 2 Accident Investigation	1 Inpution 2 ER/Outpution 3 28s. DATE OF INJURY (Month, Day, Year)	28d. DESCRIBE HOW INJURY OCCURED								
	3 Suicide S Could not be 4 Homicide determined	28f. LOCATION (Street City or Town, State		Rural Route Number,							
COMPLETED	onel	IAN: To the best of my knowledge, de : On the besis of examination end/or					euse(s) and manner as stated.				
O BE C	296 SIGNATURE AND TITLE OF CERTIFIER 296 LICENSE NUMBER 296 LICENSE NUMBER 296 DATE SIGNED (Mornth, play, Year)										

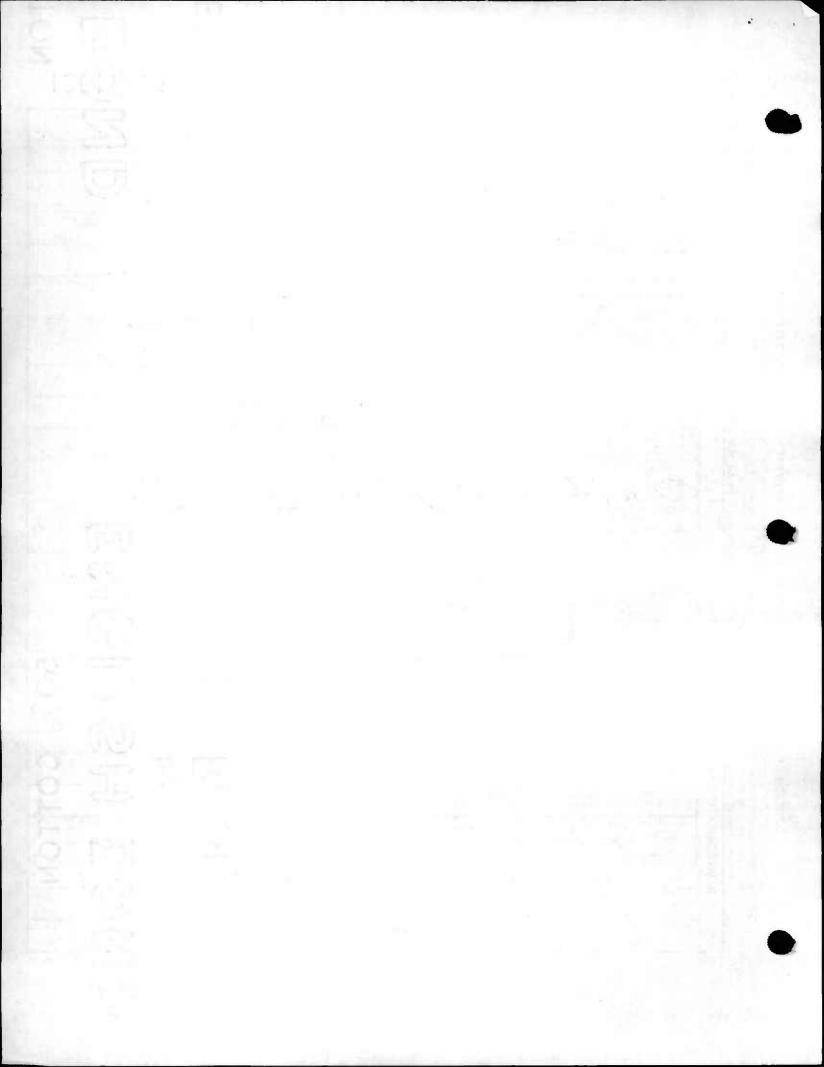
100 Eighth St. Pocomoke, Md. 21851 32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	7
TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shr	1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND I	MENTAL	HYGIENE	91		05	I	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE (OF DEATH		3. TIMI	E OF DEAT	Н			
	ESTHER ELIZA	BETH WATSON			L 9,	1991	AR 1:	30	Р. М			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	OF BIRTH	8.0	BIRTHPLACE			
	152-07-8531	1 🗌 M 2 💢 F	87 YRS.	THE DAYS	HOURS MIN.		29,19		Country) IARYLA	ND		
	9e. FACILITY NAME (If not institution, give :	street and number)	96	CITY, TOWN O	R LOCATION OF DE			9c. COUNTY		IVD		
8	ST. MARY'S NURS	ING CENTER		L.E.O.N	ARDTOWN			СТ	MARY'	C		
5	RESIDENCE OF DECEDENT							01.				
DIRECTOR		•		OWN OR LOCAT					LI	ISIDE CITY MITS?		
	MARYLAND ST.	MARY'S	I	EONARI						ES 2 🔀	NO	
M I				101	ZIP CODE			-	OF WHAT CO	OUNTRY?		
FUNERAL	25 BULL ROAD	La was seemen muse			20650				S.A.			
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPAN Icify Cuben, Mexica 2 X NO Specify	n, Puerto R	? (Specify Yes (Ricen, atc.)	or No 14.	Black, White, Specify:	RACE — American Indian, Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S USI	IAL OCCUPATION	N .	16b.	KIND OF BUSI	NESS/INDUST				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	st or working							
린		2	EXECUTIVE	SECRE	TARY		WESTE	RN ELE	CTRIC			
Į į	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, N	Aiddle, Maiden S	umame)				
BEC	WILLIAM TOPPING	WATSON, M.D	•		ESTHER	ELI	ZABETH	BARNA	RD			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural I	Route Numb	er, City or Town,	State, Zip Coo	ie)			
2	RANDOLPH J. EDWAR	DS	10207 0	LD HUN	T ROAD,	VIEN	NA, VI	RGINIA	2218	1		
	20q_METHOD OF DISPOSITION		b. PLACE AND DATE OF	DISPOSITION	(Name		E 20c. LOC					
	1 (2. Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) ST. ANDREWS EPISCOPAL 4/12 LEONARDTOWN, MARYLAND											
- 1	22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME, P.A.											
	The had W.	Knix	21//		BOX 279,					F.O.		
-3	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not	enter the mo	de of dylng, suc	h sa card	liec or reepin	atory errest	200.	pproxima	ata	
NC	shock, or heert fellure. List only one cause in each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions b. Corcinamatoris b. Corcinamatoris											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other significent condition	PERF			ORMED?		AUTOPSY FI BLE PRIOR LETION DF C ATH? 'ES 2 1	TO				
ż												
당	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only on	e)					
KSI	1 TES 2 TO	1 Inpatient 2 ER/Out		THER: Nursing Hom	e 5 🗆 Realdence	8 🗆 Other	r (Specify)					
H	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	28d. DES	CRIBE HOW IN	JURY OCCUR	€D			
BY	1 Natural 5 Pending 2 Accident Investigation		YES 2 NO						·			
	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										4	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner as stated.											
	296 SIGNATURE AND TITLE OF CERTIFIE	ER O	0		29c. LICENSE NUI	MBER		29d. DATE S	GNED (Month,	Day, Year)		
m \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									. 15.	91		
2	30. NAME AND ADDRESS OF PERSON W JOHN F. FENWICK							MD 20	650		9	
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAB'S SIGN	OTT TITLE D	шрв.,	PPOMMENT	OMIA .	TIANTLL	עואד ב	0.50			

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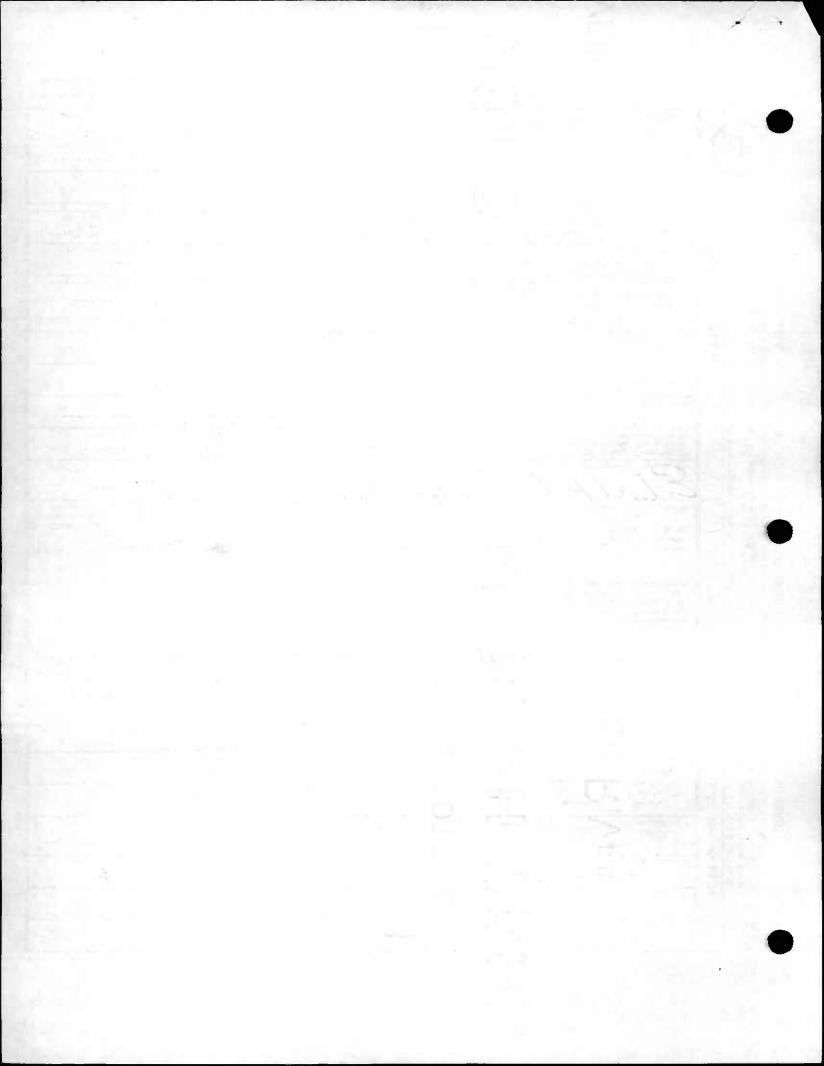


TO BE COMPLETED BY FUNERAL DIRECTOR:

5 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law physician. In this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho th with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. Arked, or New 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosping TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the Cate Debt. of Health and Mental Hygiene prior to burial, cremation, or removal. MENORTANT: If them 28 is marked, or them 23 shows any Indury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTA	L HYGIENE REG. NO.	9	*	1105	12
1. DECEDENT'S NAME (First, Middle, Last)		-		ATCHUM		OF DEATH	ve	EAR 3.	TIME OF DEATI	1
JOHN	GEORGE	ATCHUN	04				14:29	р		
SOCIAL SECURITY NUMBER		n yrs. last birthday) 68 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPL Country)	ACE (State or For	eign
94-14-0817	1 X X 2 □ F	MONTHS DATS	HOURS MIN.	11-	17-192	23 p		SYLVANI	Α	
90. FACILITY NAME (If not institution, give street and number) CUMBERLAND MEMORIAL HOSPITAL 90. CITY, TOWN OR LOCATION OF DEATH CUMBERLAND AL										
LESIDENCE OF DECEDENT 10b. COUNTY	1	10c, CI	TY, TOWN OR LOCA	TION				10	d. INSIDE CITY	_
MARYLAND CALVERT LUSBY . 1-1										
108. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 1165 \$TAGE COACH CIRCLE 20657 USA										
11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No										n.
Never Married 2 Merried	FORCES? 1 X YES	2 NO	If yes, s	pecify Cuben, Mexico S 2 X NO Specif	en, Puerto			Bleck, V	Vhite, etc.	
Widowed 4 Divorced	1943-194		1010	S Z (A) NO Specifi	· ·			Spouny.	WHITE	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		S USUAL OCCUPAT		16Ł	KIND OF BUSI	NESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	use retired.)				7011			
12	4	PHYSICA	L THERAP	121		MEL	ICAL			
FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
<u>GEORGE S. YATCHUN</u>	1					ZOLNIE				
. INFORMANT'S NAME (Type/Print)				and Number or Rural						
ARRY A. YATCHUM				COACH CI	<u>RCLE</u>	LUSBY.	MARY	LAN	20657	
a. METHOD OF DISPOSITION ☐ Burlel 2 13 Cremetion 3 ☐ Rem			TE OF DISPOSITION	N (Name	DAT		ATION — City			
Donallon 5 Other (Specify)		UNTT CRI			4-1	4 WAL	DORF.	MAR	YLAND	
OF FUNERAL SERVICE LIC	Sund Of	1/	BRIN	ISFIELD F BOX 279	UNER				E0.	
disease or condition resulting in death) a. Lunch and Consequence of: De to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
ART II. Other aignificant condition	d.	ut not reaulting	in the underlyi	ng cause given in	Part I.	24s. WAS AN /	WTOPSY	24b. W	ERE AUTOPSY FI	NDIN
				g giron ii		PERFOR	AED?	A	VAILABLE PRIOR	TO
						NES 2	□ №	0	F DEATH?	
								"	YES 2 1	IQ
WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (C	heak only o	201		<u> </u>		_
EXAMINER? 1 YES 2 NO	HOSPITAL:	4	OTHER:							_
MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp	26b. Ti		me 5 Residence		SCRIBE HOW IN	IIIIIV OCCUE	neo.		_
1 Anturel 5 Pending	(Month, Day, Year)	200. 11	NJURY W	ORK?	200. DE	SCHIBE HOW IN	JUNY OCCUP	HED		
2 Accident Investigation	28e. PLACE OF INJURY	Al home form			284 10	CATION (Street a	nd Mumbus co	Burnt Do	do Mumbos	_
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	clfy)	, otreet, ractory, off		Ch	or Town, State)	A TARRIDO OF	. nor err P100	reurnooi,	
	ICIAN: To the best of my know									
2 XI MEDICAL EXAMINE	ER: On the basie of examinatio	n end/or investigat	tion, in my opinion,	death occured at th	e time, det	end place, end	due to the c	ause(e)	end menner as s	ated.
Db. SIGNATURE AND TITLE OF CERTIFIE	NA			29c. LICENSE NU	C.M.	Е.			fonth, Day, Year) 3- 199	L
0. NAME AND ADDRESS OF PERSON WI						TW07-			D 016	
A.M.	MXON	111	PENN S	TREET E	BALT	IMORE,	MARY	LAN	D 2120)1
1. DATE FILED (Mohith, Day, Year) APR 1 2 10 1	32. REGISTRAR'S SIGN		2							



isit permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 min TO THE FUREAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filled within 72 hours after death with the State begr. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	BALLIMORE, MARTLAND ZIZIS-0020	ay be retained by the hospital or attending physician.	page 5 should be detached for use as the bundi-tran	t be notified at once.
J 0 0 5 2	IVISION OF VITAL RECORDS, F.O. BOX 88/80,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-tren	be lifet within 12 hours also death with the State Debt. Of regard and mental hybring prior to bound, contractor, or remove. IMPORTANT: If I tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARY	/I AND / DEP	RTMENT O	F HFAITH	AND	MENTAL HYGI	ENE 9 1	11053			
	1 - STATE REGISTRAR			FICATE O			REG.					
200	1. DECEDENT'S NAME (First, Middle, Last) WALLACS	S. ARD	OLO				2. DATE OF DEATH	DAY 190	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	8. SEX 8. AG	E (in yrs. lest birthde	MONTHS DA		R 24 HRS. MIN.	7. DATE OF BIRTH	1911	BIRTHPLACE (State or Foreign Country)			
_	9e. FACILITY NAME (If not institution, give si		0 .	9b. CITY, TO	VN OR LOCAT	ION OF DE		9c. COUN	TY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	LIZABETH	DRIVE	101	UZY			Mon	TOOMERY			
JEE(106. STATE 10b. COUNTY	- 0.4	10c. 0	CITY, TOWN OR U					10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER	11 GOMERY		aru:	10f. ZIP COL	Œ		1 ☐ YES 2 M NO EN OF WHAT COUNTRY?				
FUNERAL	18549 QUESA!	ELIZABET	H DRI	15	208	A 100 CO. No.		V	-S-A-			
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF	ES 2 NO	If ye		en, Mexico	NIC ORIGIN? (Specify in, Puerto Ricen, atc. v:		14. RACE — American Indien, Black, White, etc.			
D BY	3 Wildowed 4 Divorced	IFW.W		'S USUAL OCCU				BUSINESS/INDU	MALLE			
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)		(Give kind life. Do NO	of work done during use retired.)	most of work	ing	IGU. KIND OF	BOSINESS/INDU	io ini			
MPL	byrs.		CARF	3112	<u> </u>							
	17. FATHER'S NAME (First, Middle, Last)	ARAOLO			18. MO	0	ORA O	AVIC				
TO BE	199. INFORMANT'S NAME (Type/Priot)		19b. MAILI	NG ADDRESS (St	eet and Numbe	er or Rural	Route Number, City or	Town, State, Zip	Code)			
	20e. METHOD OF DISPOSITION		20b. PLACE AND D	ATE OF DISPOSIT	ION (Name	ABO	DATE 200	LOCATION — C	Offy or Town, State			
	1 Buriat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	of cemetary, cremat	ory or other place			HE12 -	1	ium MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			E AND ADDR	APL)	LOF CHI	res				
	23. PART I. Entar the diseases, or o	or Ja	and the death D	23	32 Xc	RK	ROPO -	imon	ium, Ma			
	shock, or heart failure.	List only one cause or	n each line.	o not antar the	mode or a	ying, suc	n as cardled or n	eapiretory arre	Approximeta Interval Batween Onset end Death			
	disease or condition resulting in death) a. Lutatata leracu tumas											
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If eny, laeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
FIC	AUSE (Disease or injury hat initiated events DUE TO (OR AS A CONSEQUENCE OF):											
ERT	resulting in death) LAST											
4	PART II. Other algolficant condition	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO										
PHYSICIAN: MEDICA	- BPH, CO.	BPH COFD, PBP, Colorate 1 YES 25 NO										
4: M	-			- 1			-		1 TES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 40 HOSPITAL: OTHER:											
HYSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/C	1000	4 - Nursing	Home 8 K	Residence	8 Other (Specify)		URED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	Pending (Month, Day, Year) INJURY WORK?										
	3 Suicide S Could not be determined determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29e. CERTIFIER											
OMF	(Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.											
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)											
5	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF			1 2		881.5	1	-KIT10'1441			
	DRITRA TAUC	SER 1030	1620R	GAA	VE - S	بدارة	ER SPR	[.Nb. M	10. 20902			
	31. DATE FILED (Month, Day, Year) ADD 9 / 1001	32. REGISTRAR'S S	SIGNATURE RANGE BE									
- 3	- FILVE # 1991	()	41 4	_					DHMH-16 Rev 1/89			

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P.O. BOX	
P.0.	
RECORDS,	
OF VITAL	
N	
DIVISION	

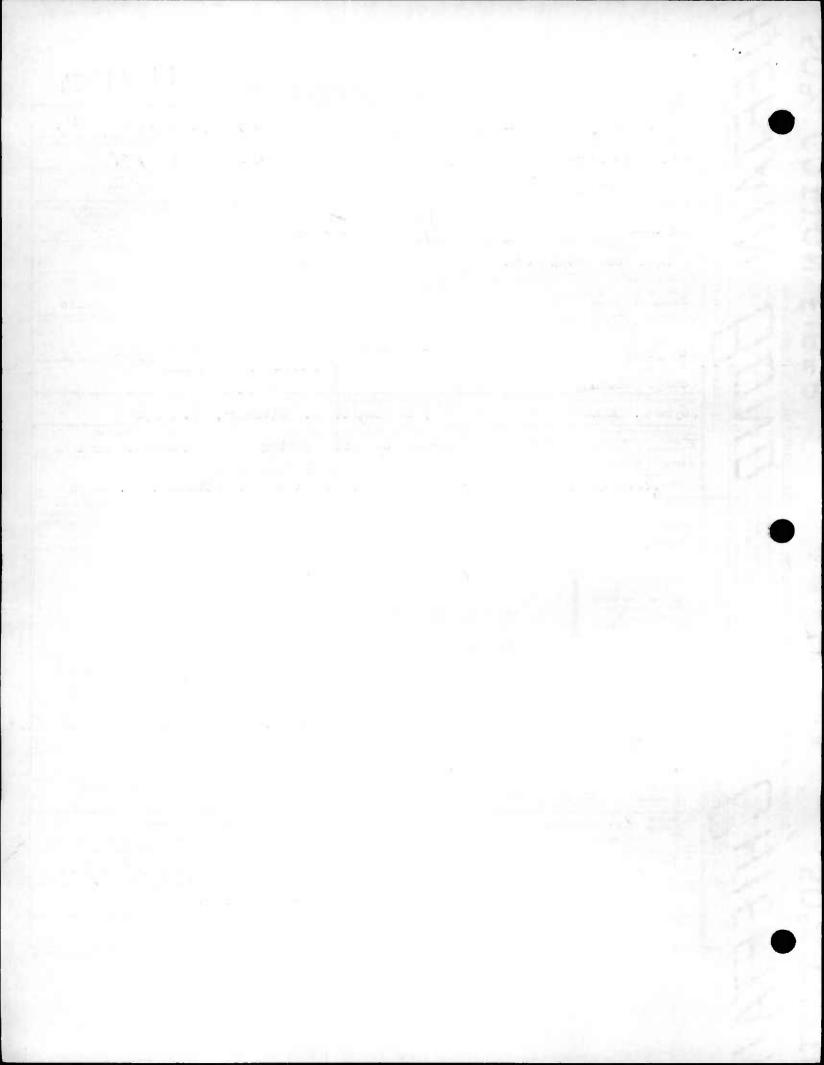
	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR					MENTAL	HYGIENI REG. NO.	9	1	105!	
	1. DECEDENT'S NAME (First, ETHE		G, AI	IDER	50/	V				2. DATE OF MONTH	F DEATH	× - 9	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. la:			DAYS	IF UNDER	MIN.	7. DATE OF		T	B. BIRTHPL.	ACE (State or Foreign	
J.R	Stella Ma:					96. CITY, TOWN OR LOCATION OF DEATH TOWSON						9c. COUN	ry of DEAT		
5	RESIDENCE OF DEC														
DIRECTOR	Maryland	10b. COUNT	Y		10c. CIT	ry, town		rthwo	pod					d. INSIDE CITY LIMITS? YES 2 NO	
₹	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CITIZ	EN OF WHA	T COUNTRY?	
ij.	6401 Loc	n Rave	en Blvd.					2]	1239			US	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo			T EVER IN U.S. AF YES 2 X WAR OR DATES						n, Puerto Ric	(Specify Yea can, atc.)	or No-	14. RACE — Black, V Specify:	American Indian, Thite, etc. White	
品		EDENT'S EDU		18a. Di	CEDENT'S	USUAL C	CCUPATI	ON	-	16b. F	UND OF BUS	INESS/INDU	ISTRY		
COMPLETED						ive kind of work done during most of working Lo NOT use retired.) Lles Clerk					Hecht Company				
S S	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	ME (First, Mic	ddle, Malden	Surnama)			
BE C	George Habe:	rkam							Hrma	Hale					
	19a. INFORMANT'S NAME (7			19					r or Rural I	Route Numbe	r, City or Town				
임	Joyce A. Kamka 7210 Sindall Rd.								Bal	timor	e, Md	. 212	234		
	20a METHOD OF DISPOSITI	n 3 🗆 Rem	noval from State	20b. PLACE	of dispo	of	rait	metery, cre.	metory or	ry		ATION — C		State Varyland	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	1									,		
	Jaser		22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7401 Belair Rd. Balti								21236				
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reepiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition pesulting in death) a. ADENOCARCINONA OF COLON DUE TO (OR AS A CONSEQUENCE OF):														
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. LIVER METASTASES DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
2	DADT II. Other significant conditions contribution to death but not equilibrate in the														
I: MEDICAL	1 YES 2 NO COMPLETION OF OF DEATH? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO YES										MILABLE PRIOR TO OMPLETION OF CAUSE				
Ĭ¥	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (Ch	reck only one)				
S	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:					Ilogoi	CO		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending 28a. DATE OF INJURY (Month, Day, Year) 1 Netural 1 Pending						4 □ Nursing Home 5 □ Residence 6 ☑ ME OF 28c. INJURY AT 26c JURY WORK? M 1 □ YES 2 □ NO				6 M Other (Specify) HOSPICE 26d. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined										te Number,				
COMPLETED	29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
BE	296. SIGNATURE AND TITLE	A. a	lexan						D 27			29d. DATE	SIGNED (N	lorith, Day Year)	
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carla S. Alexander, M.DStella Maris Hospice-Dulaney										ey Va	lley	RdI	owsor	21204	

0

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



Peter Allen

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

081-32-8263

Band

1 X M 2 - F

5. SEX

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

8. AGE (In yrs. lest birthday

New York

8. BIRTHPLACE (State or Foreign

12.55 A M

1991

9c. COUNTY OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year,

July 6,

April 22,

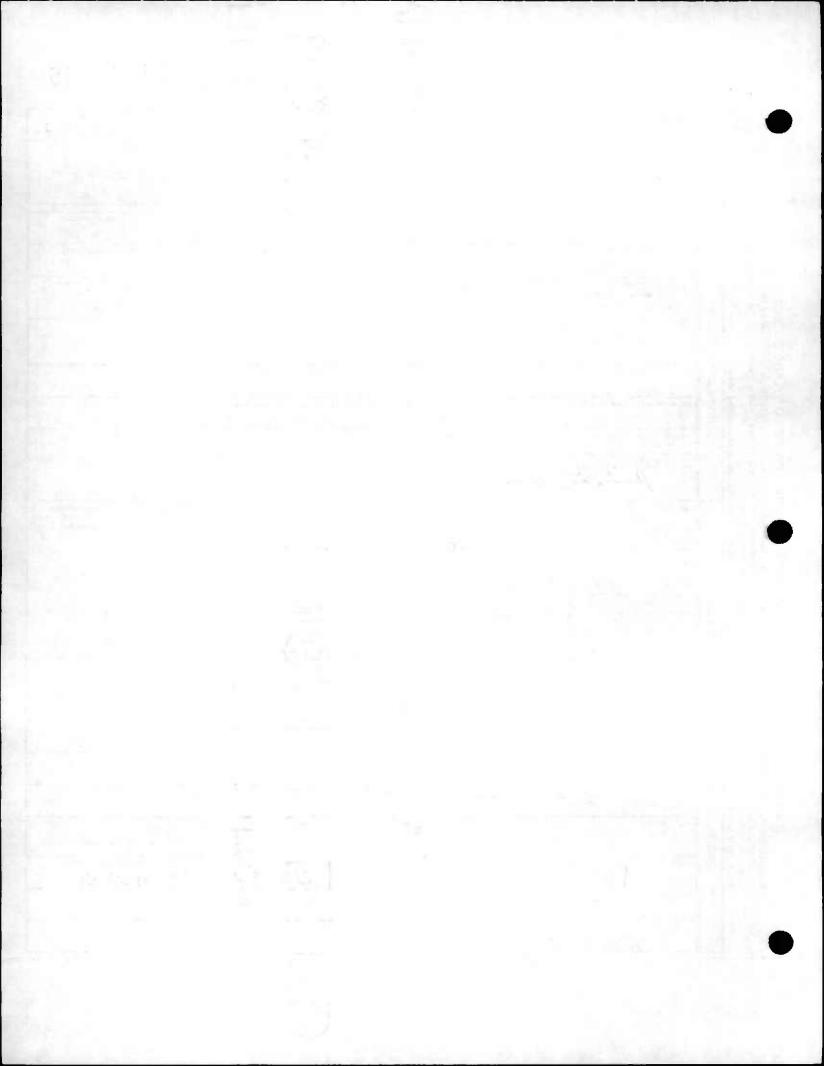
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BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turnsit permit. of Health and Mental Hygiene prior to burial, cremation, or removal.
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 24	seen signed by the attending physician and completely filled in by the i. of Health and Mental Hygiene prior to burial, cremation, or removal.

HOSPITAL OR ATTENDING PHYSICIAN: The law DIVISION OF VITAL

DIRECTOR Baltimore County 75 Arverne Court Timonium RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 NO Maryland **Baltimore County** Timonium FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 75 Arverne Court 21093 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pi 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 pr 5+) Test Engineer 4+ **Electronics** 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) be notified at Philip H. Band Louise BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Arverne Court, Timonium, MD 21093 Mrs. Sherry J. Band 20b. PLACE ANO DATE OF DISPOSITION (Name OATE 20c. LOCATION -- City or Town, State must Veterans Cemetery Garrison, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LOCALISEE

Martin D. Lawson examiner 22. NAME AND ADDRESS OF FACILITY Dulaney Valley Home of Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Road, Timonium, MD 21093 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition With Calon Liver metastasis resulting in death) any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events QUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO Shows 1 YES 2 NO PHYSICIAN: DIRECTOR: After this certificate has be hours after death with the State Dept. Item 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | NO 1 Inpetient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Dev. Year) D 28530 4.22.91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 19 Walker Avenue, Pikesville, Maryland 21208 Dr. Dino Patel 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle APR24 DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

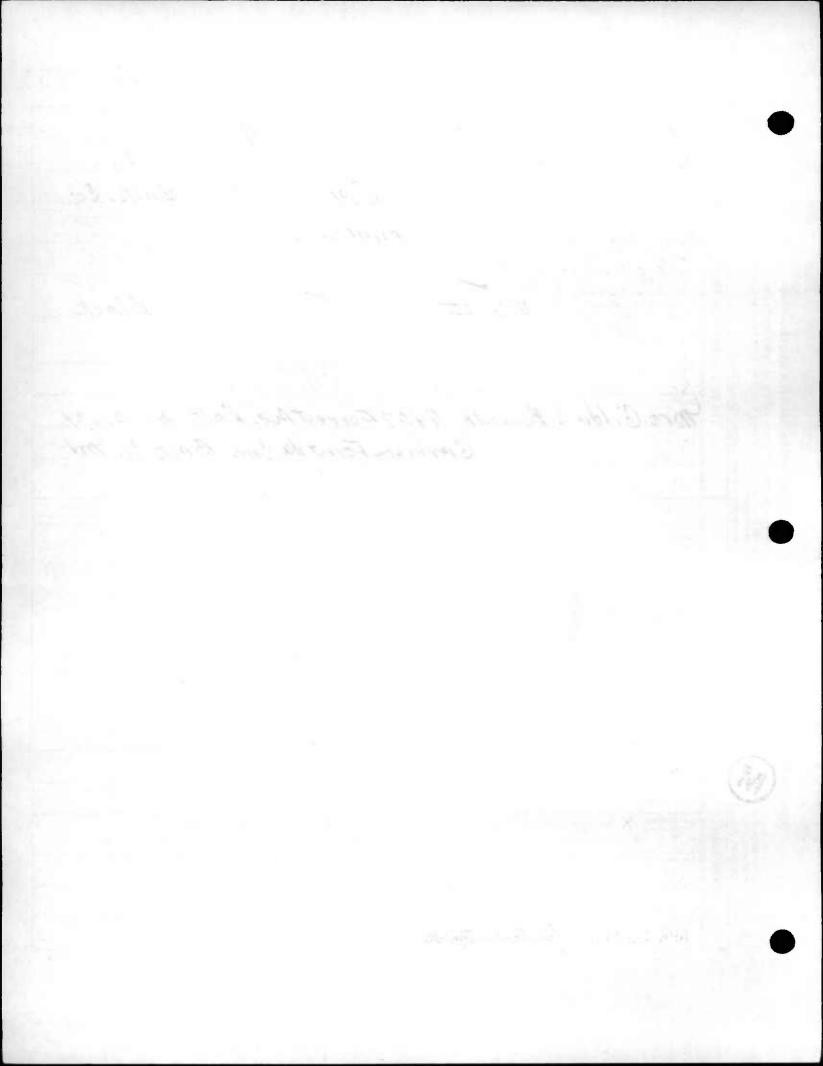
ELAN: The law requires that the death certificate be executed within Zerriours after death. Page 6 may be retained by the hospital or attending physician.

In State Dent. of Health and Merital Hygiene prior to burial, cremation, or removal. CAN: The law requires that the death certificate be executed within 24 TO THE HOSPITAL OR ATTA-TO THE FUNERAL DIPECT De filed within 72 hours are IMPORTANTE. II from 28

or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)		0				2. 0	DATE OF DEATH	122	3. TIME OF DEATH
	Pendleton		Bos	11106	th			ONTH - 2 DAY	9 YEAR	м
ì	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	oirthday) IF UND	R 1 YEAR	IF UNDER 24	HRS. 7. D	ATE OF BIRTH		IPLACE (State or Foreign
	118-11-9959	1 M 2 F		YRS. MONTHS	DAYS	HOURS	MIN. (F	Worth, Day, Year) -28	Count	26111
	9a. FACILITY NAME (If not institution, give a	met and number)		SP CII	Y TOWN (OR LOCATION	OF OFATH	D	UNTY OF E	SEATU .
-	7437 5-0	-1	0.10.	3	00			2 de	7 - 1	4 10
2	RESIDENCE OF DECEDENT	Rest 1	700		PHI	TRU	11/1/	6	ALL	0.00.
3	10a. STATE 10b. COUNTY	,		10c. CITY, TOWN	⊃9 LOCAT	TION				10d. INSIDE CITY
DIRECTOR	marily		- 1	Pa	~V	sill				LIMITS?
	100. STREET AND NUMBER			16.11	1 100	ZIP CODE		I 10a C	TIZEN OF	WHAT COUNTRY?
LONERAL	0	-+ 1	2.0			211	120	//	//	512
	1427 FORE		IT EVER IN U.S. ARMI	- 1		010	207		C/	3//1/
2	1 Never Married 2 Married	FORCES?	YES 2 NO		If yes, sp	ecity Cuban,	Mexican, Pu	RIGIN? (Specify Yes or No erto Rican, atc.)	Blac	E — American Indian, k, White, etc.
5	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 TYES	2 NO	Specify:		323	and)
9	15, OECEDENT'S EDU	CATION	16a DECE	EDENT'S USUAL	OCC! IDATE	ON .		16b. KIND OF BUSINESS/II	HOLIETBY	17700
	(Specify only highest grade	completed)	(G/ve	kind of work don	during mo	est of working		IOU. KIND OF BOSINESS/II	1003111	
1	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,					
COMPL	17. FATHER'S NAME (First, Middle, Last)					1				
	17. FACTIER'S NAME (FIRST, MIGGIS, LEST)	B	- 1	-	2	14. MOTHE	R'S NAME (F	Tyst, Middle, Maiden Surname)		
	KEU I-RANK	1205	worth	26	11	1/1/	18/1	no Wi	00	MS
5	19a. INFORMANT'S NAME (Type/Print)	10	19b.	MAILING ADDRE	SS (Street a	and Number o	Rural Route	Number, City or Town, State	dh/Cddb)	
	TATS-COILDAY	POSW	MA 1	4271	LOY.	resi	Hue.	BA110.4	nd.	21234
	20a, METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE OF	F DISPOSITION (lame of cer	motory, crema	tony or	20c. LOCATION -	- City or T	own, State
	4 Donation 5 Other (Specify)		1	VISON	FOT	estu	a.C.	m 13A/1	5 Co	· m
ŀ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,	2	NAME A	ND ADDRESS	OF FACILITY	SS FUN	1-12	1.tome
	N anoh	11	11001		フムヤ	277	M	+ Air	2 1	5 m / 2001
-	+ cessejino	J. 10	Will -	C	100	12 00	140	-10110Eilo	11411	0.111does1416
1	23. PART I. Enter the diseases, or ahock, or heart feilure.	List only one car	nt caused tha deat USe on aech line.	th. Do not ent	er tha mo	ide of dyin	g, such as	cardiec or reepiratory	irrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	11.		,	4.0					Onset and Death
	disease or condition resulting in death)	Ve	O (OR AS A CONSEQU	r arrh	44KM	nia				Immediate
		DUE TO	(OR AS A CONSEQU	JENCE OF):						
2		Cai	rdiomyo	Pathy						12yrs.
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQU							/
KIIFICALION	CAUSE (Disease or injury	C								
	that initiated events	DUE TO	OR AS A CONSEQU	IENCE OF):						
	resulting in death) LAST	d								
2	DAOT II Other significant condition	a contribution to	death had and an					.		
EDICAL	PART II. Other aignificent condition	e contributing to	o death but not re	suiting in the	ınderiyin	g cause gr	ven in Part	i. 24s. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ś I	Hypertension							1 TYES 2 NO		OF DEATH?
										1 YES 2 NO
- 1										
3	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DE	ATH (Check o	nty one)		
á	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA 4 N		ne 6 DERes	Idence 6 🗆	Other (Specify)		
PHTSICIAN:	27. MANNER OF DEATH	26a. DATE O	F INJURY	26b. TIME OF INJURY		JURY AT	-	. DESCRIBE HOW INJURY O	CCURED	
	1 Natural 5 Pending	(Month, I	Day, Year)	INJURY		ORK? YES 2 🗍	NO			
0	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At hom	e, farm, street, fr				LOCATION (Street and Numi	her or Rural	Route Number
3	4 Homicide 8 Could not be	building	, etc. (Specify)	.,,,	,,			City or Town, State)	501 O7 110101	room rumber,
ų	29e. CERTIFIER			_	_					
COMPLEIED	(Check only							ne cause(a) and manner as a		
5	2 MEDICAL EXAMINE	R: On the basis of	examination and/or in	vestigation, in m	opinion,	death occure	d at the time,	, data and place, and due to	the cause	a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICEN	ISE NUMBER	29d, D.	ATE SIGNE	D (Month, Day, Year)
200	Marshallus	A COS/An	bulatory Co	are		D35	363	•	4/22	191
ا ۲	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH (ITEM				-		1	
	Sandra Marshall	Rath	more Vete	rans M.	odiso	1 Cant	er 29	100 Loch Rome	n RI	ed Rollinge
	31. DATE FILED (Month, Day, Year)	a 32. REGISTR	AR'S SIGNATURE	-17-0	-will	Leny	01 01	Ever rem	1 01	
	APR 23 1991	1 6	son-Randese							M4. 21218
	1001		1							



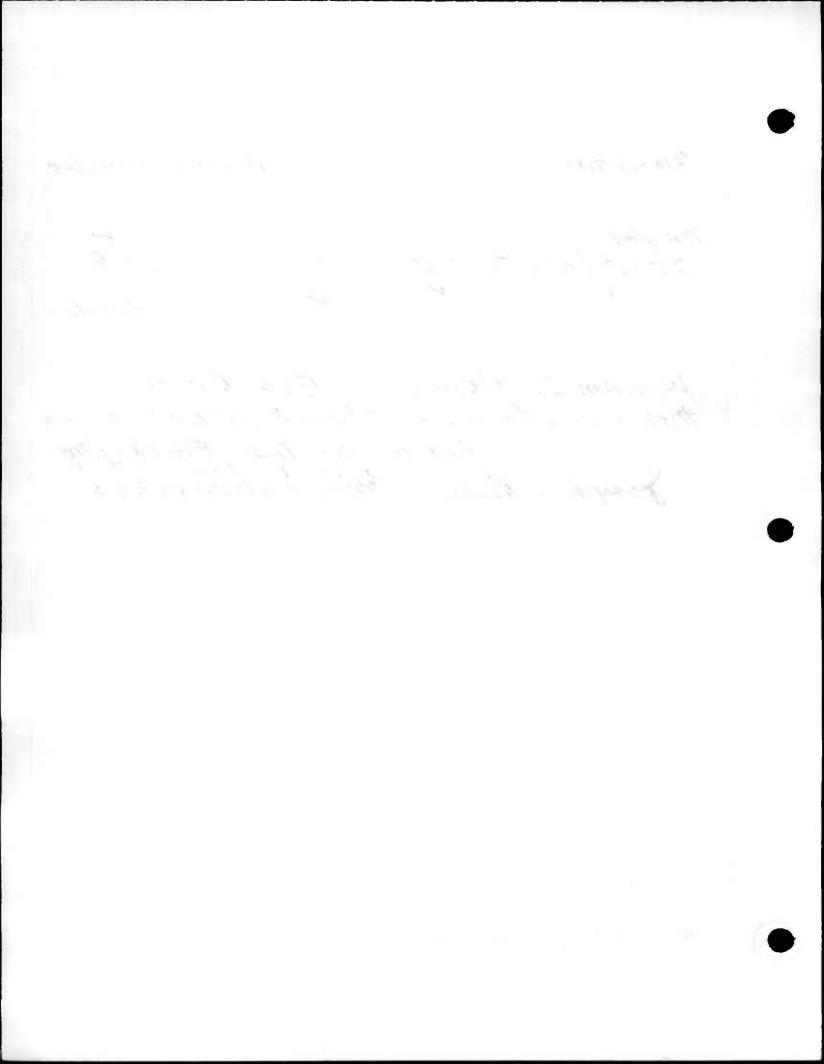
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

JMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		С	ERTIFICATE	0	F DEAT	ГН		REG. NO.

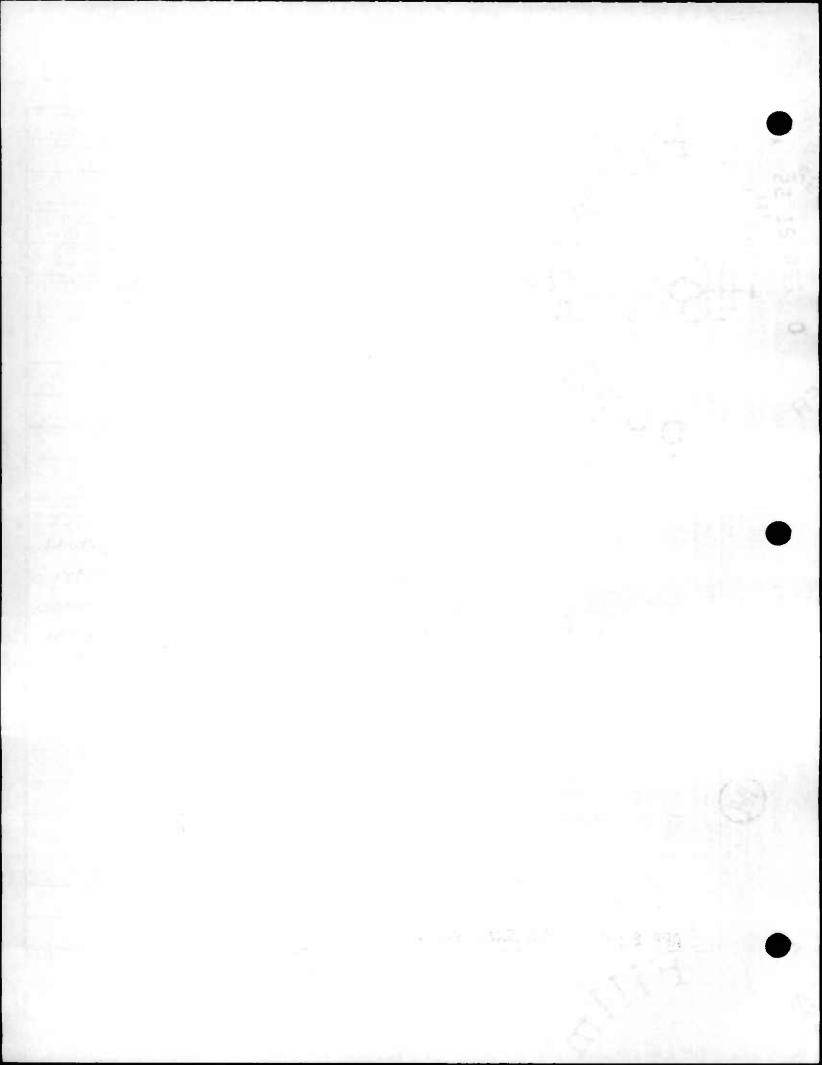
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	ALBERT	BROWN					APRIL 22		9:00P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last t	"	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	218-05-7183	1 🗸 🗆 F		YRS.	IONTHS DAYS	HOURE MIN.	11-29-	-17	maryland		
	9a. FACILITY NAME (If not institution, give st	reet and number)		1	b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH		
DIRECTOR	MARYLAND GENERA	AL HOSPI	TAL		BALT	IMORE CIT	CY				
E I	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO				10d. INSIDE CITY LIMITS?		
	maruland				BALT	IMORE CIT	Y		1 🗸 🔀 2 🗌 NO		
¥	100. STREET AND NUMBER	1 +	- 1	_/_		101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL	2505 CA	verlo	v 179	15		2121	6	10	15,14		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED FORCES?		50			NIC ORIGIN? (Specify Y an, Puarto Rican, atc.)	ea or No- 14	4. RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆 Y	ES 2 MO Speci	fy:		Specify:		
	15. DECEDENT'S EDUC	CATION			SUAL OCCUPA		18b. KIND OF B	USINESS/INDU	STRY		
	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5	Illa C	kind of wo NOT use	rk done during retired.)	most of working					
P.			,								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		0			18. MOTHER'S N.	AME (First, Middle, Malde	on Surname)	1.		
BE (William.	6. 10	DROW	N		1-0	p 121	2001	5		
0	19a. INFORMANT'S NAME (Type/Print)	- BO	19b.	MAILING A	DDRESS (SI	at and Number or Rural	Stoute Number, City or R	own, State, Zip C	m /21216		
	20a. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Remo	numi from State	20b. PLACE OF	F DISPOSIT	TION (Name of	semetery, crematory og	20c. i	OCATION - CI	ty or Town, State		
	4 Donation 5 Other (Specify)		NAK	26	i ewi	nem II	sk E	Ider	sburg, Trol		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22 NAME	AND ADDRESS OF	U35F4.	Nerp	1 Home		
	roseph	d. K	uses		222	2 WIN	ONTHAU	e. BAI	to, and		
	23. PART I. Enter the elsesses, or of ahock, or heert fellure.	complications th	st caused the dear	th. Do no	t enter the	node of dylng, suc	ch ss cardisc or ree	piratory arres	st, Approximate interval Between		
	IMMEDIATE CAUSE (Final								Onset and Desti		
	diseese or condition resulting in death)	ME •	TASTATIC	CARC	INOMA	OF COLON					
		DUE TO	O (OR AS A CONSEQU	JENCE OF)	:						
NO N	Sequentielly ilst conditions,	b	O (OR AS A CONSEOL	IENCE OE							
F	if any, leading to immediate cause. Enter UNDERLYING		(0.11.20 11.00.10.200	LIVEL OF J.	,				į		
CERTIFICATION	CAUSE (Diseese or Injury that initiated events	DUE TO	O (OR AS A CONSEOL	ENCE OF)	:						
ᇤ	resulting in desth) LAST	d									
	PART ii. Other eignificent condition	s contributing to	n deeth hut not re	eultina in	the underly	ing cause given is	Port i 240 WKG	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL	<u> </u>		o destri sat not re	ourting in	are underry	ing couse given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Ē							1 [] YES	2 XNO	OF DEATH?		
Σ	<u> </u>						—		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH (C	hack only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Oulpatient 3 [OTHER:		verser seri				
H	27. MANNER OF DEATH	28a. DATE O		28b. TIME	OF 28c.	ome 5 Realdence	28d. DESCRIBE HOW	V INJURY OCCU	IRED		
	1 Neturel 5 Pending	(Month,	Day, Year)	INJU		WORK?					
ВУ	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE	OF INJURY — At hom	o, farm, at	reel, factory, o	ffice	28f. LOCATION (Street	et and Number o	r Rural Route Number,		
COMPLETED	4 Homicide determined	Dunaing	g, atc. (Specify)				City or Town, Sta	ite)			
Ä	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	of my knowledge, dear	th occurred	at the time, o	ata and place, and du	a to the cause(a) and n	nanner as states	f.		
M	(orroom only								cause(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE					29c, LICENSE NI			SIGNED (Month, Day, Year)		
B	14-1	m				TOTAL TIPE TOTAL		> 4			
5	30. NAME AND ADDRESS OF PERSON WH		USE OF DEATH (ITEM	27) (Type, i	Print)			1			
	ERIC STRAUCH,	M.D.	C/O MARVI	AND	GENERA	L HOSPITA	т				
	31. DATE FILED (Month, Day, Year)	32. REGISTS	RAR'S SIGNATURE		CLINEIVA						
	APR 23 1991	ina Lands	on Randelle								



JE VITAL RECORDS, P.O. BOX 13146,

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DIVISION	3	z	15	d
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	웊	FUNERAL	within	A.
	TO THE HOSPITA	뿟	filed	MEDICAL IN IN
	0	THE THE	90	ŝ
	-	-	Φ	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N DEATH	MENTAL HYGIENI REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last) LISA M.	BROWN				2. DATE OF DEATH MONTH APRIL 21,	1991 YEAR	3. TIME OF DEATH 5:20 a.m. M			
	4. SOCIAL SECURITY NUMBER 215 - 92 - 0058	1 □ M 2X□X F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	5 Coun	MD			
5	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPKIN RESIDENCE OF DECEDENT				RE CITY	ATH	BALTIMO				
DIRECTOR	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 10d. INSIDE CITY BALTIMORE, CITY 1\text{TY} 1\text{X}\text{YES 2 \square}										
	100. STREET AND NUMBER 1628 MONTFORD	AVENUE			21213			WHAT COUNTRY? S A			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	It yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No— 14. RAC Blac Spe	E — American Indian, ck, White, atc. BLACK			
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use LABOR	rk done during mo retired.)	N st of working	16b. KIND OF BUS	BINESS/INDUSTRY				
BE COM		BOROUGH			LILL						
2		ING		N. PAT	TERSON	PK . AVE.					
	20e, METHOD OF DISPOSITION *[X] Buriel 2	oval from State		MEMOR		DENS BAL					
	De adus	Ware	G				1101 E.	NORTH AVE			
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. SEPS DUE TO (OR AS		1Am - H			retory errest,	Approximate Interval Between Onset and Death Hours			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. ALD						months Youns			
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	ns contributing to deeth	but not resulting l	the underlyin	g ceuse given in		RMED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpetient 3 🗆 DOA	OTHER:	ACE OF DEATH (C)	6 C Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Astural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	INJ	M 1	DRK? YES 2 NO	28d. DESCRIBE HOW					
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUF building, etc. (Sp	IY — At home, ferm, s ecify)	reet, factory, offi	•	28t. LOCATION (Street City or Town, Stele	and Number or Run	I Route Number,			
COMPLETED	(Critick drity	SICIAN: To the best of my kno ER: On the basis of examinat						e(a) and manner as stated.			
8	296. SIGNATURE AND TITLE OF CERTIFIE	ir ~~			29c. LICENSE NU	MBER		ED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON W	lot mo	GOO H.	Pkins t	1471940 ST	BALT MI	D 2120				
	APR 23 1991	32. REGISTRAR'S SIG	andelle Andelle								



BALTIMORE, MARYLAND 212

ransit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_		FOR STATE REGISTRAR	STATE OF I	MARYLAND C		TMENT O			MENTA	REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last) MARIE BRAZI	IIS M	barie El	eanon	Brazi	114		2. DATE	OF DEATH	v , 9'	3. 1	R=40Am
		4. SOCIAL SECURITY NUMBER 217-07-5755	5. SEX	6. AGE (In yrs. I		IF UNDER 1 Y	EAR IF	UNDER 24 HRS. URS MIN.	(Monti	OF BIRTH		Country)	CE (State or Foreign
	R	96. FACILITY NAME (If not institution, give s CHURCH HOSP	treet and number)		TON			OCATION OF D	DEATH			Y OF OEATH	
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		7112 01011	_:	Y, TOWN OR I					1	10d	I. INSIDE CITY
	- 11		ltimore			Duna					linear III		YES 2 NO
	RAL	8/74 Gray Haven	Dood					2/222			10g. CITIZE	N OF WHAT	COUNTRY?
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDE	NT EVER IN U.S. / 1 YES 2 WAR OR DATES	ARMED	If y	DECEND	ENT OF HISP/ Cuban, Mexic	can, Puerto	Y? (Specify Yes Rican, etc.)	or No 14	RACE — / Black, Wi Specify:	Amarican Indien, hite, etc.
	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			OECEDENT'S (Give kind of the. Do NOT u	S USUAL OCCU work done duri use retired.)	JPATION ng most of	working	16b	. KIND OF BUS		STRY	
65	COMPLET	8			How	sework				At H			
at ou	CO 3	17. FATHER'S NAME (First, Middle, Last) Stephen Dulskis	1				18	Marie		Middle, Maiden	Surname)		
notified	TO BE	190. INFORMANT'S NAME (Type/Print) Joseph V. Braziu			19b. MAILIN	•	4.44		Il Route Num	ber, City or Tow	-	ode)	
must be		20s. METHOD OF DISPOSITION 1	noval from State	other	place)	SITION (Name	of cemete	ry, cremetory or	_	20c. LO	cation - ci		State
examiner must be notified at once		21. SIGNATURE OF FUNERAL SERVICE LI	D. Za	le	~ // //	22. NA	ME AND	DDRESS OF I	FACILITY			622	ern Avenue
other traumatic event, the medical		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. U	ause on each li	ne.	251		of dying, su	uch an car	diec or resp	iratory erre	rt,	Approximete Interval Between Onset and Death
6	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONS									
shows any injury,	MEDICAL C	PART II. Other algnificant condition	na contributing t		t resulting	in the unde	orlying c	euse given i	in Part I.	24a. WAS AMPERFO	RMED?	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	: ER/Outpatient	3 🗆 DOA	OTHER:	AL NE	E OF DEATH (-7/ -	1.315/5.7			
marked, or	Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending investigation	28a. DATE ((Month,	OF INJURY Day, Year)	26b. Ti	ME OF 2	8c. INJUR WORK 1 YES		28d. DE	SCRIBE NOW	INJURY OCCI	JRED	
28 is	тер ву	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE building	OF INJURY — At g, etc. (Specify)	home, farm	, street, factor	y, office			CATION (Street y or Town, State		or Runal Rout	e Number,
VT: If Item	COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSON 2 MEDICAL EXAMIN											nd manner as stated.
IMPORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFI	er Va	zem	u,	n P.		D 17		22		/	onth, Day, Year) 3/9/
	5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	AUSE OF DEATH (TEM 27) (7y)	De, Print)					. /		

BALTIMORE, MD.

21231

100 N. BROADWAY

32. REGISTRAR'S SIGNATURE

4 La Devidon-Pondale

100

DR.NAZEMI

APR 2 3 1991

A ROYAL MARKET Control Bases FIET II AND ST IN PROPERTY ATT The second secon

30. NAME AND ADDRESS OF DIA NE

31. DATE FILED (Month, Dec.

	1 - FOR STATE REGISTRAR		STATE OF I		D / DEPAR					MEN		SIENE				
	1. DECEDENT'S NAME (First, Mic	ddle, Last)	Britany	r Nico	le Rel	oune	k				ATE OF DEA	TH		YEAR	3. TIME OF DEATH	_
	BG		_	HOUNE		10 and					ONTH)4	1.0			08:40 P	M
	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDE	1 YEAR	IF UNDER	R 24 HRS.	7. D	ATE OF BIRT			8. BIRTI	HPLACE (State or Foreign	_
	n/a		1 🗌 M 2 🖾 F	n/a	YRS.	MONTHS	DAYS	HOURS	20	"(04-12	91		Mar	vland	
	9e, FACILITY NAME (If not institu	ition, give stre	set and number)			9b. CITY	Y, TOWN	OR LOCAT	ION OF DI				9c. COU	NTY OF E	DEATH	-
Œ	THE JOHNS H	HOPKI	NS HOSPI	ΤΔΤ.		RΔ1	LTIM	OPF				- 1	PATT	rTMO:	RE CITY	
읝	RESIDENCE OF DECED		ND HODII			ואת	O L LIT	OKL		_			DALL	LITIO	KE CIII	_
DIRECTOR		b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION							10d. INSIDE CITY LIMITS?	
	Maryland	Balt:	imore Co	ounty	P	arkt	on								1 TYES 2 KNO	
FUNERAL	10e. STREET AND NUMBER						10	1. ZIP COD	E				10g. CIT	ZEN OF	WHAT COUNTRY?	
E	229 Bentley	Road						211	20					U.S	.A.	
5	11. MARITAL STATUS	T	12. WAS DECEDER			13.					RIGIN? (Spec		or No—	14. RAC	E — American Indian,	_
	1 📉 Never Married 2 🗌 Mar		IF YES, GIVE Y	MAR OR DATES				ecify Cub			erto Ricen, e	tc.)		Spec	ck, White, atc.	
BY	3 Wildowed 4 Divorced	1		_											White	
	15, DECEDE (Specify only hig	NT'S EDUCA	ATION completed)	184	Give kind of				Ina		18b. KIND (OF BUS	INESS/INC	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	-	College (1-4 or 5	+)	life. Do NOT u	se retired.)	1							,		
<u> </u>	n/a		n/a			n/a					- 10		n	/a		
COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)									irst, Middle, A	Aalden S	Sumame)			
BE	Brian Lee Be	houne	k					Ва	rbar	`a	Hucik					
2	19a, INFORMANT'S NAME (Type/	(Print)									Number, City					
۴	Barbara H. B	ehoun	ek		229 B	ent1	ey F	d. F	arkt	on	, Mar	yla	nd 2	1120)	
	20a. METHOD OF DISPOSITION 1 M Burisi 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Highly Disposition 5 Other (Specify) A Donetion 5 Other (Specify) 20c. LOCATION — City or Town, State Fallston, Marryland															
	4 Donation 5 Other (Sp.		var trom otale	Hig	hview	Memo	rial	. Gar	dens	3		Fal	lsto	n, M	laryland	
	21. SIGNATURE OF FUNERAL SI	ERVICE LICE	ENSEE	20	0	22	NAME A	ND ADDRE	ESS OF FA	CILIT	feld	Цот	^			
	▶ John G.	Doitz	tothe	L) Head	1									2227	and 21212	
	23. PART I. Enter the diser		- Anna	at caused th	e deeth. Do	not ante	-			-					Approximate	
	shock, or hear		ist only one ca						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,	Intarval Between	
	IMMEDIATE CAUSE (Finel disesse or condition										/				Onset and Des	Ittr
	resulting in death)		Multipour to	ole co	n Qeni	tal	QV	om	dies	5	Let	+	TOP	Just d	- 9 mos	څ
			mat	ric he	mia		DO 6	2V:	E in	He	KILL	ole	da	ort	K.	
O	Sequentially list condition		DUE TO	O (OR AS A CO	SC VE C)F): (700	1		rc	tard	104	TOY	1	Mess	_
AT	if any, laeding to immediate cause. Enter UNDERLYING					-		050	~~	1	2				19m0=	5
임	CAUSE (Diseesa or injury that initiated events	6	Dele	OR AS A CO	NSEQUENCE (ントンイプ)F):	omi	0501	ne						177104	_
E	resulting in daeth) LAST														ļ	
CERTIFICATION		- 0														
AL	PART II. Other algnificant	conditions	contributing to	daeth but	not resulting	In the u	ındariyir	ng cause	given in	Part		MAS MI	AUTOPSY MED?	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	GS
												YES 2			COMPLETION OF CAUSE OF DEATH?	
JE.															1 YES 2 NO	
ä																
M	25. WAS CASE REFERRED TO M	MEDICAL					28. P	LACE OF	DEATH (C	heck o	nly one)					
PHYSICIAN: MEDIC	1 YES 2 DO		HOSPITAL:	☐ ER/Outpatia	mt 3 🗆 DOA	4 No		me 5 🗆 F	Residence	8 🗆	Other (Speci	lfy)				
Ě	27. MANNEY OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TI	ME OF	28c. IN	JURY AT ORK?		280	. DESCRIBE	HOW II	NJURY OC	CURED		
BY	1 Natural 5 Per 2 Accident	nding estigation	Į į į	July, 1001)		M		YES 2	□ NO							
	A - 0.1-14-	uld not be	28e. PLACE	OF INJURY -	At home, ferm,	streat, fe	ctory, offi	ca		281	. LOCATION City or Town		and Numbe	or Rural	Route Number,	
E	4 Homicide det	ermined		, (Only on Town	, Giaio,				
7	29a. CERTIFIER	YING PHYSIC	CIAN: To the best of	of my knowledg	je, death occur	red at the	time, dat	e and plac	e, and du	a to th	ne cause(s) s	nd men	ner aa sta	rted.		
COMPLETED	one)														(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF								CENSE NU						D (Month, Day, Year)	_
BE			nge 1	ND							-		•	4/	2/91	
2	30. NAME AND ADDRESS OF P	-			//TEM 27) /Tor	o Drint)						1.	1	///	0171	_

LETED CAUSE OF DEATH (ITEM 27) (Type,

APR 24

Hospital

Hopkins

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afte	by th	Smov	leal
OULS	E P	07.0	med
24	/ fille	tion,	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
ted v	L COM	ज्ञ, ट	. 64
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2	cian	or to	Taur.
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2	2	8	X

	FOR 1 - STATE REGISTRAR	STATE OF N			RTMENT				MENT	TAL HYGIENI REG. NO.	91	11061
	1. DECEDENT'S NAME (First, Middle, Last) JENNIFER	JENI L	NIFER LE	VERI	NG BO	ND				TE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	BOND 6. AGE (In yrs. In	st birthday)	IF UNDER		IF UNDER	-	7. DA	TE OF BIRTH	-	991 02:32 A M
	219-66-6770	1 □ M 2/XF	38	YRS.	MONTHS	DAYS	HOURS	MIN.		0-17-52		Maryland
DIRECTOR	9a. FACILITY NAME (If not institution, give at THE JOHNS HOPKIN) RESIDENCE OF DECEDENT	NS HOSPITAL BALTIMORE BALTIMO										Y OF DEATH MORE CITY
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
	Maryland Anne	e Arunde	L	A	rnold	1	. ZIP CODE				40- 017175	1 TYES 2XXNO
ERA	796 Locust Cir.					101	2101				US/	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		16	yes, sp	ENDENT O	F HISPAN	n, Pue	GIN? (Specify Year to Rican, etc.)		A. RACE — American Indian, Black, White, etc. Specify: White
8	15. DECEDENT'S EDUC (Specify only highest grade		(0	Give kind of	USUAL OC			a	Т	16b. KIND OF BUS	SINESS/INDU	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Spee	se retired.) ch Pa	tho	logis	st.		Balto.	City	Schools
MO	17. FATHER'S NAME (First, Middle, Last)			-					ME (Fir	st, Middle, Maiden	<u>_</u>	30110015
BE C	Edwin Levering	g Bond					A	nn l	Mor	row		
5	Stephen H. Ford		19			,				umber, City or Town Maryla:		•
	26a. METHOD OF DISPOSITION 1 Buriel ALA Cremation 3 Remo	oval from State	of_cemetar	y, cremator	E OF DISPO	ace)			1	/1 O D 7		
	4 Donation 5 Other (Specify)	ENSEE NO	4	illilou.	nt Cr		D ADDRES	S OF FA	CII ITY			e, Maryland
	Dennis Steph	nen Xenal	akus					1	Mit	chell-W		eld Home cyland 21212
CERTIFICATION	23. PART I. Enter the diseases, or o shock, or heert feilure. iMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Poly Due to Due to Due to Co.	W.Cub OR AS A CONSI	EOUENCE O	f s pp: pp:	वक्त ड	ies			eardiec or respi		Approximata Interval Between Onset and Death fwo day fwo years
ERTI	resulting in death) LAST	d										
4	PART il. Other significent condition	s contributing to	death but not	reaulting	in the un	dariyin	g ceuse (iven In	Part I	. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICA										1 TYES 1	/	COMPLETION OF CAUSE OF DEATH?
ME												1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28, PI	ACE OF D	EATH (Ch	eck on	ly one)		
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER		10 5 □ Re	aldence	6 🗆 0	Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	IURY AT ORK? YES 2) NO	28d.	DESCRIBE HOW I	NJURY OCCI	JRED
	3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE (building	OF INJURY — At I , etc. (Specify)	ioma, farm,	atreet, facto	ory, offic	•		28f.	LOCATION (Street City or Town, State)	and Number o	r Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE											d. cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	MI					29c. LICI	790	MBER & (p		29d. DATE	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Typ	e, Print)	1/1	Rede	ci	Q			1 1 1
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	#	1			-		-		
	APR 2 4 19	19 20	Devidson	Band	AP.Y							

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part trailer

31. DATE FILED (Month, Day, Year)

APR 2 4 1991

1. DECEDENT'S NAME (First, Middle, Lest) JOHN SEBASTIAN BITTORF 2. DATE OF DEATH DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 1 YEAR SUNDER 1 YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 1 YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 25 HRS. TO DAY YEAR SUNDER 24 HRS. TO DAY YEAR SUNDER 25 HRS. TO DAY		FOR 1 - STATE REGISTRAR		STATE OF I	MARYL					HEALTH DEA		MENT	AL HYGIEN REG. NO	E	J !	i	1062
98. FACILITY NAME (if not institution, give street and number) 99. COUNTY OF DEATH 90. COUNTY OF DEATH		1. DECEDENT'S NAME (First,	Middle, Last)	JOHN S	EBAS	TIAN	BI	TTOE	₹F				ITH DA	AY		2.4	
9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH GOOD Samaritan RESIDENCE OF DECEDENT 10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore 10d. INSIDE CITY LIMITS? 11 YES 2 No	- 1	4. SOCIAL SECURITY NUMB 214-36-937	SER 5	31.					T			(Mo	nth, Day, Year)	20	Count	try)	
Good Samaritan RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION Maryland Baltimore 10d. INSIDE CITY LIMITS? 11 YES 2 \(\text{N} \) VES 2 \(\text{N} \) NO	l i	90 FACILITY NAME (If not in	etitution also	22	83		rna.	ah CIT	V TOWN	OBLOCAT	ION OF DE		/16/190	7			and
	E O			ureot and maniper)										9c. COO	NIT OF L	JEAIN	
	ا ق															I	
	DIRE		JUB. COUNT							ATION							LIMITS?
236 N.Kenwood Ave. 21224 U.S.A.										of. ZIP COD	Œ			10g. CIT	IZEN OF		
	ER.	236 N.Ken	wood A	ve.						2122	24			U.	S.A.		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc.) 14. RACE — American Indian, Black, White, etc.	5	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN	N U.S. ARM	MED	13						or No-	14. RAC	E - Ar	merican Indian,
3 □ Widowed 4 ☑ Divorced WW 11 Specify: Specify: White	B			IF YES, GIVE	WAR OR D	ATES	0						o Hican, etc.)				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY	요					16a. DEC	CEDENT'S	USUAL (OCCUPAT	ION	ina	1	6b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5 +) ille. Do NOT use retired.)	Ë	Elementary/Secondary (0			+)												
8 yrs. Owner Confectionary Store 17. FATHER'S NAME (First, Middle, Maiden Surname)	N N		Unicilia 1 aut)			OWII	er c	onre	SCLI			_	Addedin Administra	Cuma ma)			
				:						10. 110							
10a. INFORMANT'S NAME (RealPirt) 10b. MAILING ADDRESS (Stock and Number of Purel Built Number City or Trus. Stole. Zin Code)						19b	MAILING	ADDRES	SS (Street	and Number		100 m			in Code)		
John S. Bittorf Jr. 54 Murdock Rd. Baltimore, Md. 21212	일	John S. Bi	ttorf	Jr.													
20a. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify) GREENMOUNT CREMATORY 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) GREENMOUNT CREMATORY 4/20/91 Balto. Md.		1 Burlal 2 Crematio	n 3 🗆 Ren	noval from State	of	cemetary	cremator	or other	place)			1 -	1 23		-		tata
21. SIGNATURE OF FUNERAL SERVICE LICENSEED DON'T M Knatz 22. NAME AND ADDRESS OF FACILITY		21. SIGNATURE OF FUNERAL SERVICE LICENSEED DOTT M Knatz 22. NAME AND ADDRESS OF FACILITY															
Robert M. Kratz KXNNXXXXXX Mitchell-Wiedefeld Home 6500 York Rd. 21212																	
23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, auch as cardiac or reepiratory arrest, shock, or haart fellure. List only one cause or each line.		23. PART i. Enter the d	iseeses, or	complications th	at couse	the dec	eth. Do	not ente	r the m	ode of d	ying, auc	ch aa ca	ardiac or reep	iratory a	rreet,		Approximate interval Between
IMMEDIATE CAUSE (Final		IMMEDIATE CAUSE (Fir		- 4	and of a	J											Onset and Death
disease or condition resulting in death) s. Pulmonage dense DUE TO (OR AS A GONSEOUENCE OF):		disesse or condition resulting in death)	\rightarrow	. Pul	none	njeo	lem	_									
	_		_						6							i	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initileted events resulting in death) LAST b. My o (audical) / what discussions for the cause of th	ğ			DUE TO	O (OR AS A	CONSEO	UENCE C) / _ (. F):	Con							_	
Z cause. Enter UNDERLYING CAUSE (Disease or injury Cause Course)	8	cause. Enter UNDERLY	ING	С.			A										
that initiated events DUE TO (OR AS A CONSEQUENCE OF):	E	that initiated events		DUE TO	OR AS A	CONSEC	UENCE O	F):									
Tresulting in death) LAST	띪	resulting in death) LAS	" L	d												_	
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN	١٥١	PART ii. Other significa	nt conditio	ns contributing to	o death b	out not re	esuiting	in the u	ınderiyi	ng ceuse	given in	Part i.	24a, WAS AN	AUTOPSY	24	b. WER	E AUTOPSY FINDINGS
PERFORMED? AMILIABLE PRIOR TO COMPLETION OF CAUS	2												17.2.5			COM	PLETION OF CAUSE
1 YES 2 NO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO 1 YES 2 NO	밀																
													1				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No. OTHER: 1 HOSPITAL: 1 Hospitant 2 ER/Outpetlant 3 DOA 4 Novaling Home 6 Residence 6 Other (Specify)	M		O MEDICAL							PLACE OF	DEATH (C	heck only	one)				
HOSPITAL: 1 YES 2 NO 1 DAMPETIAN 2 ER/Outpetlant 3 DOA 4 Nursing Home 6 Rasidance 6 Other (Specify)	Si		-	1 Hospitant 2	☐ ER/Out	petlant 3	□ DOA			ome 6 🗆 F	Rasidanca	6 🗆 01	ther (Specify)				
27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 28b. TIME OF Sec. INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED			Pending				28b. TII	JURY	V	VORK7	□ NO	28d, D	EŞCRIBE HOW	INJURY O	CCURED		
2 Accident investigation 2 and PLACE OF INVITION At home form street feeting efficient and himself of the property of the prop		2 Desiration		28e. PLACE	OF INJURY	r — At hor	me, farm,	street, fa				26f. L	OCATION (Street	and Numbe	er or Rural	Route i	Number,
□ 4 Homicide determined building, etc. (Specify)				building	, etc. (Spe	cify)			nesi N			C	ity or Town, State)			
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	PLE		TIFYING PHYS	SICIAN: To the best of	of my know	vledga, der	ath occur	red at the	time, de	ite and plac	e, and du	a to the	cause(e) end ma	nner as st	mted.		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	WO	constant only														(a) and	manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	l w l	29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER		_				29c. LI	CENSE NU	MBER		29d, DA	TE SIGNE	D (Mon	th, Day, Year)
a Caharan Namaka DCV	0	Coham	an h	Joured	u	1)	(2)	1				- 31-		>	4-	19.	-91
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	F	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DE	EATH (ITER	M 27) (T)		(0)	1							

Julia Veridson-Randall

0 77 C 2 1224 - 14 - 24 - 25 Eday - 37 0

STATE 0	OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT	
н.		2. OATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First,	Middle, Last)								2. OATE	OF DEATH		4545	3. TIME OF OEATH
ľ	CATHER		H. B	ATLEY						манти	18	0	91	10:06 PM
	4. SOCIAL SECURITY NUME		5. SEX	13 / 11 / 12 / 13 / 13 / 13 / 13 / 13 /	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	MIN.	7. DATE ((Month	OF BIRTH Day, Veer) 25-189		8. BIRTI Count	PLACE (State or Foreign ry) ryland
	218-10-7681		1 M 2 🔯 F	96	YRS.						25-189	,		
r						90. CH	Y, IOWN	OR LOCAT	ION OF DE	EATH		9c. COU	INTY OF D	
DIRECTOR	RESIDENCE OF DEC	MEMORI	AL HOSPI	TAL		B7	LTI	MORE	CTTY			l		n/a
É	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland		n/a		В	alti	more	Cit	У					1 YES 2 NO
\$	10e. STREET AND NUMBER	7 0.					10	H. ZIP COD	_			10g. CIT		WHAT COUNTRY?
DI FUNERAL	3501 St. Pa	aul Sti							218				U.S	
2	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	YES 2	⊠ NO	13.	If yes, s	pecify Cub	en, Mexica	in, Puarto F	? (Specify Yar ticen, atc.)	s or No—	Blac	E — American Indian, k, Whita, etc.
_ "	3 🔀 Widowed 4 🗌 Divo	rced	IF YES, GIVE \	MAN ON DATES	5		1 U YE	S 2 XNO	Specify	y:			Spec	White
3	15. DEC	EDENT'S EDU	CATION completed)	16	n. DECEDENT'S	USUAL C	OCCUPATI	ION	ina	16b.	KIND OF BU	SINES\$/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 6		(Give kind of life. Do NOT u							11		
COMPLEIED	12 years			E	mploym	ent	Inte	_			State		aryl	and
	17. FATHER'S NAME (First, M		Lhon								fiddle, Maiden	,		
20	John Edward		LUI		LANK MARINE	- ADDOT	0.00				owden			
2	J.E. Hamilto		l ov								e, Mar			21.2
	20a. METHOD OF DISPOSIT	ION		20b. PL	ACE AND OAT									
	1 № Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	Dul.	aney V	alle	y Me	mori	al G	arder	is Lut	herv	ille	, Maryland
į	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	TOM	100	22	. NAME A	ND ADDRE	SS OF FA	CILITY D	ell-Wi	odof	old.	Homo
	John (G. Reit	12 /oh	u DK	24	-								ryland 21212
	23. PART I. Enter the d	iseases, or o	complications the	at ceused th	ç.daath. Do	not anta							_	Approximeta
	shock, or h IMMEDIATE CAUSE (Fi		List only one ce	use on sach	lina.									Interval Between Onset and Death
	disease or condition reaulting in deeth)	→	DUY	erwl	relin	2 -	200	dis						
	in dealing		DUE TO	(OR AS A CO	NSEQUENCE C	OF):	1	1	1_					1 1
	Sequentially list condit	lons.	a Ur	war	ztre	ret	L	feel	10					
	if any, leading to imme cause. Enter UNDERLY	dleta	Q-	(OR AS A CO	INSEQUENCE C)F):		U						_i
CENTIFICATION	CAUSE (Disease or injuthat initieted events		c. DUE TO	OR AS A CO	INSEQUENCE C	PF):	men	ua						
	resulting in death) LAS	т	4											
	DART II ONL I III-	lan a desartinges												
EDICAL	PART II. Other significa	em condition	s contributing to	death but	not reaulting	In the u	indarlyii	ng cause	given in	Part i.	24s. WAS AN PERFO		24	AVAILABLE PRIOR TO
5	Voore	7 8	- my	Just 1	esu						1 TYES	NO NO		OF DEATH?
Σ		1								—				1 TYES 2 NO
PH TSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					28 6	PLACE OF	DEATH /Ch	neck only or	ie)			
2	EXAMINER? 1 YES 2 YO		HOSPITAL:	ER/Outpatie	m 3 □ DOA	OTHE	R:			6 🗆 Othe				
	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TII		28c. IN	JURY AT	in all delices		CRIBE HOW	INJURY O	CCURED	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Pending Investigation	(Month,	Day, Year)	IN IN	M		YES 2	□ NO					
5 I	0 0 0 0 1 1 1 1 1	Could not be	28e. PLACE	OF INJURY —	At home, ferm,	street, fa	ctory, off	Ice		28f. LOC	ATION (Street or Town, State	and Number	er or Rural	Route Number,
	4 Homicide	detarmined		,						5.1,		,		
COMPLE		TIFYING PHYS	ICIAN: To the best o	f my knowledg	je, death occur	red at the	time, de	te end plac	e, end due	to the car	rse(s) and ma	nner as st	ated.	
Ş	one) 2 MED	HCAL EXAMINE	R: On the basis of	examination ar	nd/or investigati	lon, In my	opinion,	death occ	ured at the	time, data	and place, a	nd due to	the cause(a) and manner as stated.
ш	296 SIGNATURE AND TITL	OF DESCRIPTION	n	1	01			29c. LK	ZENSE NU	WBER		29d. DA	те зусуве	D (Mgrith, Day, Year)
2	toverto	1 de	> Ke	sident	Holy	neu	-					•	4/1	6/91
-	30 RAME AND ADDRESS D	E NEBBON WH	O COMPLETED CAL	DE DEATH	DIEM IN (%)	o, Printj	16	250		1 /	2 4	10	1	MTW 21818
	tother	X	-NO/	10her	1111	An	7	201	N.C	har	y A	of Sk	1/15	ALL, MID -19
	31. DATE FILED Monte De	****** ()	APR 2	1 1991	Julia	Davi	dan-	Manga	No.				10	
-1	Early Section 1997		LH IVW	× 1001	0	111111								- 1

THE PART OF THE Alter was to senjugate to return the sent and a

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6-6/4 4/30/91 cm #	20b							Q	1	11064
FOR STATE REGISTRAR	STATE OF			MENT OF I			NTAL HYGIEN REG. NO.	E	1	11004
1. OECEOENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH	Y YE		. TIME OF OEATH
Curtis	Brown						4 18			2216 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER :		DATE OF BIRTH	0. E	HRTHP	LACE (State or Foreign
247-48-1387	1 M 2 - F	611		MONTHS DAYS	HOURS	MIN.	(Month, Dey, Year) 1-17-27		O11	h Carolin
9a. FACILITY NAME (If not institution, give s	treet and number)	0.,	_	9b. CITY, TOWN	OR LOCATIO	N OF DEATH		9c. COUNTY		
St. Agnes Hospit	al-900 C	aton Ave		Baltimo	ore, l	Vid.				
10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOCA	TION				10	IOd. INSIDE CITY
MD			Bal	timore	City				- 1,	LIMITS? YES 2 NO
10e. STREET AND NUMBER					H. ZIP CODE			10a. CITIZEN		AT COUNTRY?
407 37 77101 01										
105 N. Hilton St	reet Ba	LTO MO	MED	40 400 00		229			USA	
Never Married 2 Married	FORCES?	1 YES 2 1 A		If yes, s	pecify Cuban	, Maxican, P	ORIGIN? (Specify Yes uarlo Rican, atc.)	1 OF NO.— 14.	Black,	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆 YE	S 2 NO	Specify:			Specify	Black
15. DECEDENT'S EDU (Specify only highest grade		(G	ive kind of wo	JSUAL OCCUPAT		0	18b. KIND OF BU	SINESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5	i+)	. Do NOT use	retired.)						
8th Grade			Mech	nanic			Souther	n Stat	es	Chemical
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAME	(First, Middle, Maiden	Sumame)		
Pat Brown, Sr.					Car	rol C	laybourne	2		
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING /	ADDRESS (Street	and Number	or Rural Rout	Number, City or Tow	n, State, Zip Coo	fe)	
Ethel Brown		1	05 No	orth Hi	lton !	Stree	t Balt	imore.	MD	21229
20a METHOD OF DISPOSITION 1 ABurlal 2 Cremation 3 Rem		20h PLACE	AND DATE	OF DISPOSITIO	N (Name		DATE 20c. LO	CATION - City	or Tow	n. State
1/L\\Delta\Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ioval from State	of cemetary	crematory o	or other place)	IDILIC N	I METH	4/24 Bal	ltimore	Co	unty, MD
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22. NAME /	ND ADDRES	S OF FACILI	TY Nutter	Funera	1 E	lomes, Inc
D 11/22 - 1) 2.	0		2501	Gwyni	ns Fa	lla Parkv	Jav	1.	iomes, inc
(Ulmon 1	- 1 W	Xell					vland 23			
23. PART I. Enter the diseases, or				ot enter the m	ode of dyli	ng, such e	s cerdiac or reap	iratory arreat,		Approximete
ahock, or heart feilure. iMMEDIATE CAUSE (Final	List only one co	ouse on each line	9 .							Interval Between
disease or condition	RC	· Pulas	. 6	2000	2					
resulting in deeth)	a. DUE T	O (OR AS A CONSER	OUENCE OF	·						
	0.4.	0000	0.1:	-10-						
Sequentially list conditions,	b. QC	CO P AS A COUSE	OHENCE OF	COPE						
if any, leeding to immediata cause. Enter UNDERLYING	502 7	0 (011 70 7 001021	action or	,.						İ
CAUSE (Disease or Injury	C. DUE T	O (OR AS A CONSE	OHENCE OF	١.						-
that initiated events resulting in deeth) LAST	DOE 1	O (ON AS A CONSE	QUENCE OF	<i>j.</i>						İ
	d									i
PART ii. Other algnificant condition	ns contributing t	o death but not i	resuiting ir	n the underlyi	ng ceuse g	iven in Pa	rt i. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDING
· Ch. Paral	Calle	40					PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
10 Total	receive	E.					1 TYES	NO		OF DEATH?
regperteuse	ou				_		-			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF O	EATH (Check	only one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	me 5 □ Re	sidence 6 i	Other (Specify)			
27. MANNER OF DEATH	28a. DATE (OF INJURY	28b. TIME	OF 28c. II	JURY AT		d. DESCRIBE HOW	INJURY OCCUR	ED	
1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	INJU	M 1	YES 2					
3 Suicide 8 Could not be	28e. PLACE buildin	OF INJURY — At he g, atc. (Specify)	ome, farm, si	treet, factory, off	Ice	2	Bf. LOCATION (Street City or Town, State		Rural Ac	oute Number,
4 Homicide detarmined		a, 200 (opoony)					ony or rown, clate	,		

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, 2 MEDICAL EXAMINER: On the basis of exemin

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Medical

VOHAR

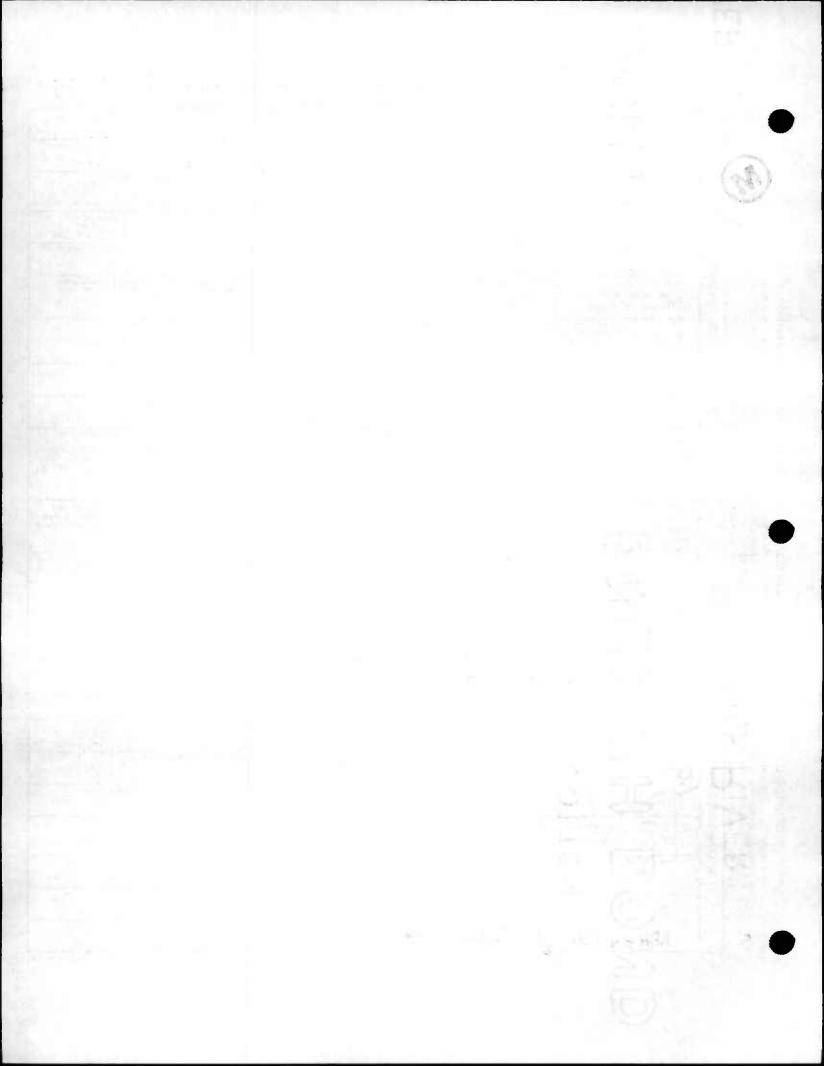
DEATH (ITEM 27) (Type, Print)
O CATON AVENUE, ST AGINES MOSPITAL 900 BALTO



18/9/

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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1. DECEOENT'S NAME (First, Middle, Las	e _ /				2. DATE OF MONTH	DEATH DAY	/ m\ .	3. TIME OF DEATH	
	ay Brown				-			31 220 4	
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthde	MONTHS D	YEAR IF UNDER 24 HRS. HAYS HOURS MIN.	7. DATE OF		0	BIRTHPLACE (State or Foreign Country)	
213-70-2924 9e. FACILITY NAME (If not institution, give		70		OWN OR LOCATION OF D	8-4-7	- 50	On COUNT	Y OF DEATH	
WHMS 22 RESIDENCE OF DECEDENT	3. Greene	2 St.	BI	Altimo	R		9c. COUNT	T OF DEATH	
10e. STATE 10b. COU	NTY	10c.	CITY, TOWN OR	LOCATION				10d. INSIDE CITY	
Maryland			Baltimo	ore				1XXYES 2 □ NO	
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?	
515 North Belno			- T	21205				S. A.	
11. MARITAL STATUS XX Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2 NO	If y	S DECENDENT OF HISP/ es, specify Cuben, Mexic	an, Puerto Rica		or No- 1	 RACE — American Indien, Black, White, etc. 	
3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR OATES	1 -	YES 2 NO Spec	Hy:			Specify: Black	
15. DECEDENT'S E (Specify only highest gri			T'S USUAL OCCI	UPATION ing most of working	16b, KI	ND OF BUS	INESS/INDU		
Elementary/Secondery (0-12)	College (1-4 or 6+)	ille. Do NO	T use retired.)	ing most or working					
			Jnemplo	yed					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			Sumame)		
Cliff Garrett	·				e Brown				
19a. INFORMANT'S NAME (Type/Print)				Street and Number or Plura					
Irene Brown		20b. PLACE ANO D		Belnord A	Venue			e, MD 21205	
20e, METHOO OF DISPOSITION W Burlel 2 Cremation 3 R- 4 Donation 5 Other (Specify)	emoval from State	of cemetary, crema-	tory or other plac	e)					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Western	Star U	ME AND ADDRESS OF F	ACILITY No.	ttox	LIMOT	e County, MD	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway									
P//, 1.	01-	1.	25	01 Gwynns	Falls	Parkw	ay		
I met	RETERRE	1- h	Ba.	OI Gwynns 1timore, M	Falls arylan	Parkw d 21	216		
23. PART 1. Enter the diseases, o shock, or heart fallur	or complications that one. List only one cause	mused the death. D	Ba.	OI Gwynns 1timore, M	Falls arylan	Parkw d 21	216		
shock, or heart fallui	e. List only ona cause	on aach lina.	Ba.	OI Gwynns 1timore, M a moda of dylng, su	Falls arylan	Parkw d 21	216	Interval Between	
shock, or haart fallur	e. List only ona cause	on aach lina.	Ba.	OI Gwynns 1timore, M a moda of dylng, su	Falls arylan	Parkw d 21	216	Interval Between	
shock, or haart failur IMMEDIATE CAUSE (Finsi disease or condition	or complications that e. List only one cause Cadada Re	on aach lina.	Ba.	OI Gwynns 1timore, M a moda of dylng, su	Falls arylan	Parkw d 21	216	Interval Between	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the hospital or attending physician and completely filled in by the funeral diffects, page 5 should be detained for use as the filled within 72 blours after death with the State Dept. of Health and Mental Hygiene prior to burial, centation, or removal. To recomplete the state Dept. of Health and Mental Hygiene prior to burial, centation, or removal. **HARD ATTENDED ATTEN	ay be retained by the hospital or attendin	page 5 should be detached for use as th	be notified at once.
THE HOSPITA THE FUNERA filed within 7	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the hospital or attending	 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diffi- s filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 	IMPORTANT: If item 28 is marked or item 23 shows any Injury, or other foundfic event, the medical examiner must be notified at once.

1041

	1 - FOR STATE O	F MARYLAND / DEPARTM CERTIFIC			TAL HYGIENE REG. NO.	51	1106
À	1. DECEDENT'S NAME (FUN, MIGGIO, Last) Alphonous A.	Bess		2. D	ATE OF DEATH DAY 8		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	100	UNDER 1 YEAR		TE OF BIRTH fonth, Day, Year)	8. BIRTHPL. Country)	ACE (State or Foreign
	213-26-3084	O L YAS.	HINS DATS	mile.	b. 1, 1929		York_
BO	9s. FACILITY NAME (If not institution, give street and dumber	91	CITY, TOWN O	R LOCATION OF DEATH	9c.	COUNTY OF DEAT	rH
5	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY	to, City 7	OWN OR LOCAT				d. INSIDE CITY
DIRECTOR	Maryland			ION			LIMITS?
	10e. STREET AND NUMBER	Bal	timore	ZIP CODE	I 100	. CITIZEN OF WHA	YES 2 NO
H	3913 Ridgewood Ave.		1		1.		
FUNERAL		DENT_EVER IN U.S. ARMED	13. WAS DEC	21215 ENDENT OF HISPANIC OR		J.S.A.	American Indian.
T	1 Never Married 2XX Married FORCES?	DENT_EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES	If yes, sp	elfy Cuben, Maxican, Pus 2 NO Specify:		Black, V Specify:	- American Indian, Vhita, etc.
B	3 □ Widowed 4 □ Divorced Korea			- He - 400mj.		spoony.	Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATIO	N at of working	16b. KIND OF BUSINES	S/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 c	· ·		4			
₽ B	Colle	ge Cler	k		U.S. Posta		ce
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (FI	rst, Middle, Maiden Surna	ime)	
BE	Ernest Booker			Mary Br			
2	19a. INFORMANT'S NAME (Type/Print)		,	nd Number or Rural Route I			
	Dolores M. Bess			Ave. Ba			
	1XXBurial 2 Cremation 3 Removal from State	20b. PLACE AND DATE O of cemetary, crematory or	other place)			ON — City or Town	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MD Veteran	22. NAME AL	ITTISON	No. T. T. S. F.	S MILLS	, Maryland
	+ Herbert E. mi	tter	1230T (wynns Fall	s Parkway		omes, Inc.
	23. PART I. Enter the diseases, or complications ahock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition reaulting in death)		,	ldomma	1	7	Approximate Interval Between Onset and Death
CERTIFICATION	r any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	E TO (OR AS A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	Endslige renal da Hyperfension	g to death but not resulting in	the underlyin	g cause given in Part	1 Ves 2 1	17 A	RERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF FAUSE F DEATH? YES 2 NO
CIAN	25. WAS CASE REFERBED TO MEDICAL EXAMINERS HOSPITAL		THER:	ACE OF DEATH (Check on	Military and the		
¥.		2 LENOutpatient 3 DOA &		e 5 🗆 Residence 6 🗀 c	Other (Specify) DESCRIBE HOW INJUR	W GOOWER	
	1 ☐ Netural 5 ☐ Fending (Mos	DON YOUR WAR INJUR	Y WC	RK7	DESCRIBE NOW INJUR	T OCCURED	
B	2 Accident Investigation (CE OF INJURY - At home, farm, atm	64	EVEN SERVICE CONTROL OF THE PERSON OF THE PE	LOCATION (Street and A	Number or Russi Ros	du Mondair
	4 Homicide 6 Gould nut be built	ding, etc. (Specify)			City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be						and manner so stated.
H	29b. SIGNATURE AND THE OF CERTIFIER	Lallan		29c LICENSE NUMBER	290	d. DATE SIGNED (A	fonth, Day, Year)
2	30. MAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, Pr	int)	1 70 7	/		13)17(/
	31. DATE FILED (Month, Day, Year) 32. REGI	STRAR'S SIGNATURE					



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (Firs										
Benford,							2. DATE	E OF OEATH TH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	iest birthday)	IF UNDER 1 Y	EAR IF UNDER 24	HRS. 7. DATE	OF BIRTH	6 BIR	THPLACE (State or Foreign
212-82-24		1 🗆 M 2 💢 F	31 3	YRS.				th, Day, Year)	- Cou	intry)
90. FACILITY NAME (If not		etreet and number)	J. 30		9b. CITY, TO	OWN OR LOCATION			COUNTY OF	DEATH OEATH
Union Memo	rial H	ospital			Bal	timore (City			
RESIDENCE OF DE										
10a. STATE	10b. COUNT	N)			Y, TOWN OR I					10d. INSIDE CITY LIMITS?
MD		eltimor		1 1	/gudo	ulston	717			1 TYES 2 TKNO
100. STREET AND NUMBER		Pa				101. ZIP CODE	2	109	CITIZEN O	F WHAT COUNTRY?
3616 Tel	MPLKK									
1 Never Merried 2	Married	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2	NO	If y	es, specify Cuben,	Mexican, Puarto	IN? (Specify Yes or No Ricen, atc.)	BI	NCE — American Indien, ack, White, atc.
3 Widowed 4 Div		1 [YES 2 NO	Specify:		a st	ack			
	CEDENT'S EDU		16a.	DECEDENT'S	USUAL OCCI	JPATION	16	b. KINO OF BUSINES	S/INOUSTRY	
(Speciny or Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5	F)	life. Do NOT us	work done dun se retired.)	ing most of working			0	
		2	R	ESPIRA	TORY	1 herap	ST	Health	Care	-
17. FATHER'S NAME (First,		C 1				16. MOTHE	4'S NAME (First,	Middle, Meiden Surn	ime)	
FRED.	D' R	enford				7	ulia	K. Wa	17501	7
19a. INFORMANT'S NAME	(Appe/Print)			19b. MAILING	ADDRESS (S	Street and Number or	Rural Route Nur	mber, City or Town, St	ite, Zip Code)	
Family	Kecor	UD5_		_						
20a. METHOD OF DISPOSI 1 X Burlel 2 Cremati	TION	noval from State		CE ANO OATI			82	TE 20c. LOCATIO	ON — City or	Town, State
4 ☐ Donation 5 ☐ Other	er (Specify)			ney Va	Ita Me	merial Gr		25 k Tim	10140	1, MD.
21. SIGNATURE OF FUNER	AL SERVICE LI	ICENSEE	(22, NA	ME AND ADDRESS	OF FACILITY	himes		
(*)v.	7 (2	7 0%	ases	X	23	25 York	RD 1	Timonium	. Mp	21093
s. Uchurch Indestry Syndrone a. Uchurch Indestry Syndrone DUE TO: (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
resulting in deeth) LA										
PART II. Other algnific	ent conditio	one contributing to	death but n	ot resulting	In the unde	orlying ceuse give	en in Part I.	24a. WAS AN AUT		
	ent conditio	ne contributing to	death but n	ot resulting	In the unde	orlying ceuse giv	ren in Part I.	PERFORMED	7	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	ent conditio	one contributing to	death but n	ot resulting	In the unde	orlying ceuse giv	ren in Part I.		7	AMILABLE PRIOR TO
	ent conditio	one contributing to	death but n	ot resulting	In the unde	orlying ceuse giv	ren in Part I.	PERFORMED	7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algorific			death but n	ot resulting		orlying cause give		PERFORMED	7	COMPLETION OF CAUSE OF DEATH?
PART II. Other algorific		HOSPITAL:			OTHER:		TH (Check only o	PERFORMED 1 YES 2	7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algorific 25. WAS CASE REFERRED EXAMINER? 1 □ YES 2 □ NO 27. MANNER OF DEATH	TO MEOICAL	HOSPITAL:	☐ ER/Outpetion	t 3 🗆 DOA	OTHER: 4 Nursin	26. PLACE OF DEA g Home 5 Real Bc. INJURY AT WORK?	ATH (Check only of dence 6 - Ott	PERFORMED 1 YES 2	9	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO
PART II. Other algorific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident		HOSPITAL: 1 Impetent 2 (28. DATE Of (Month,)	□ ER/Outpatien F INJURY Pay, Year)	26b. TiM	OTHER: 4 Nursin BE OF 21 JURY M	26. PLACE OF DEA	TH (Check only of dence 6 Ott	PERFORMED 1 YES 2 — one) her (Specify) ESCRIBE HOW INJUI	Y OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	TO MEDICAL	HOSPITAL: 1 5 Impatient 2 (28e. DATE Of (Month, E) 28e. PLACE (☐ ER/Outpetion	26b. TiM	OTHER: 4 Nursin BE OF 21 JURY M	26. PLACE OF DEA	NTH (Check only of dence 6 Oth 28d. Di	PERFORMED 1 YES 2 one) her (Specify)	Y OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide	Pending investigation Could not be determined	HOSPITAL: 1 1 Pripatient 2 28a. DATE Of (Month, I) 28a. PLACE (building)	ER/Outpatien FINJURY Joy, Year) OF INJURY — A etc. (Specify)	26b. TIM	OTHER: 4 Nursin BE OF JURY M street, factory	26. PLACE OF DEA	ATH (Check only of dence 6 Ott 28d. Di	PERFORMED 1 YES 2 — one) her (Specify) ESCRIBE HOW INJUI OCATION (Street and I	NO OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only	Pending investigation Could not be determined	HOSPITAL: 1 1 Input ent 2 28a. DATE Of (Month, I.) 28a. PLACE (building)	ER/Outpatien FINJURY ay, Year) OF INJURY — A etc. (Specify) I my knowledge	t 3 DOA 26b. TiM IN. t home, farm,	OTHER: 4 Nursin BE OF JURY M street, factory	26. PLACE OF DEA	NTH (Check only of dence 6 Ott 28d. Di	PERFORMED 1 YES 2 — Ther (Specify) ESCRIBE HOW INJUI DOCATION (Street and if y or fown, State)	RY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1	Pending investigation Could not be determined PRTIFYING PHYS	HOSPITAL: 1 Unpatient 2 28a. DATE Of (Month, I) 28a. PLACE of building. SICIAN: To the best of a	ER/Outpatien FINJURY ay, Year) OF INJURY — A etc. (Specify) I my knowledge	t 3 DOA 26b. TiM IN. t home, farm,	OTHER: 4 Nursin BE OF JURY M street, factory	26. PLACE OF DEA g Home 5 Reel sc. INJURY AT WORK? 1 YES 2 , office a, date end place, e	NO 281. LO	PERFORMED 1 YES 2 — one) her (Specify) ESCRIBE HOW INJUI CATION (Street and I) y or Town, State) cause(e) and menner te and place, and du	IV OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,
25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 299. CERTIFIER (Check only one) 2 ME	Pending investigation Could not be determined COURT PHYSICAL EXAMIN	HOSPITAL: 1 6 Inputiont 2 28a. DATE (Month, 6 28a. PLACE (building) SICIAN: To the best of a EER EER	ER/Outpatien FINJURY Pey, Year) OF INJURY — A etc. (Specify) If my knowledge examination and	t 3 DOA 26b. Till IN. t home, farm, , death occurr	OTHER: 4 Nursin BE OF JURY M street, factory	26. PLACE OF DEA g Home 5 Reel sc. INJURY AT WORK? 1 YES 2 , office a, date end place, e	NTH (Check only of dence 6 Ott 28d. Di	PERFORMED 1 YES 2 — one) her (Specify) ESCRIBE HOW INJUI CATION (Street and I) y or Town, State) cause(e) and menner te and place, and du	IV OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO
PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1	Pending investigation Could not be determined RTIFYING PHYSIDICAL EXAMIN LE OF CERTIFIE OF PERSON W	HOSPITAL: 1 Impatient 2 (28e. DATE Of (Afonth, 0) 28e. PLACE (building. SICIAN: To the best of dER: On the basic of dER: On the basic of derivative of the complete of the com	ER/Outpatien FINJURY Pey, Year) OF INJURY — A etc. (Specify) If my knowledge examination and	t 3 DOA 26b. Till IN. t home, farm, , death occurr	OTHER: 4 Nursin BE OF JURY M street, factory	26. PLACE OF DEA g Home 5 Reel sc. INJURY AT WORK? 1 YES 2 , office a, date end place, e	NTH (Check only of dence 6 Ott 28d. Di NO 28f. LC Cit of due to the c f at the time, de	PERFORMED 1 YES 2 — Ther (Specify) ESCRIBE HOW INJUI CATION (Street end if y or fown, State) susse(e) end menner the and place, and du	TY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO all Route Number; all Route Number; se(a) and manner as stated.
25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 299. CERTIFIER (Check only one) 2 ME	Pending investigation Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined	HOSPITAL: 1 Separate 2 28s. DATE Of (Month, to building) SICIAN: To the best of the service of t	ER/Outpatien FINJURY Pey, Year) OF INJURY — A etc. (Specify) If my knowledge examination and	t 3 DOA 26b. TIM IN. t home, farm, death occurr for investigation (ITEM 27) (Type	OTHER: 4 Nursin BE OF JURY M street, factory	26. PLACE OF DEA g Home 5 Reel sc. INJURY AT WORK? 1 YES 2 , office a, date end place, e	NTH (Check only of dence 6 Ott 28d. Di NO 28f. LC Cit of due to the c f at the time, de	PERFORMED 1 YES 2 — one) her (Specify) ESCRIBE HOW INJUI CATION (Street and I) y or Town, State) cause(e) and menner te and place, and du	TY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO all Route Number, all Route Number, se(a) and manner as stated.

T. X. B. A. C.

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	shows any injury, or other traumatic event, the medical examiner must be notified at
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ed within 72 hours after death with the State U	em 28 is marked, or item 23
illed within 72 hours after death with the State U	em 28 is marked, or item 23
be filed within 72 hours after death with the State U	APORTANT: If Item 28 is marked, or Item 23

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -

BE COMPLETED BY FUNERAL DIRECTOR

9

FOR 1 STATE		STATE OF N							MENTAL HYGIEN	E	91	110	68
REGISTRAR	AND DESCRIPTION		CE	RTIFI	CATE	OF	DEAT	H	REG. NO				-
1. DECEDENT'S NAME (Firs	1/1/4	m	Thos	un					2. DATE OF DEATH	- 9	YEAR	9.56	A
4. SOCIAL SECURITY NUM 229-03-52		5. SEX	6/AGE (In yrs. less		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	7	Countr	PLACE (State or I	
9a. FACILITY NAME (If not in		street and number)	/3		9b. CITY,	TOWN C	R LOCATIO	N OF DE	05 23 EATH	9c. COU	NTY OF D		
Prince (eorge:	s Hospita	1			(Cheve	rly		Prin	ce Ge	orge	
10a. STATE Maryland	10b. COUNT	r ce George	e's	10c. CITY	, TOWN O	R LOCAT		La	rgo			10d. INSIDE CIT LIMITS?	
10e. STREET AND NUMBER	nn. 2 v	1104 Falc	onette (burt		101	. ZIP CODE		20772	10g. CIT	IZEN OF W	HAT COUNTRY? USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT				MED O	t	f yes, sp			NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) y:	n or No—	14. RACE Black Speci	- American Inc. White, atc.	
15. DEC (Specify on	EDENT'S EDU	ICATION completed)		CEDENT'S I			ON st of working	,	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT use	e retired.) abor				P:	rivat	e		
17. FATHER'S NAME (First, M Sterl)	special district	7.	Brown				18. MOTH	ER'S NA	ME (First, Middle, Maiden Ann		S	Short	
190. INFORMANT'S NAME (Type/Print)	Brown							Route Number, City or Town		p Code))	
20a. METHOD OF DISPOSIT Burial 2 Cremati Donation 6 Othe	on 3 🗆 Ren	novet from State	20b. PLACE	AND DATE	OF DISP	DSITION	(Name			CATION -		wn, State	Md
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	nea	QI	22.1	NAME AN	J.	B.	Tenkins Fu Rd/Landov				
23. PART I. Enter the cahock, or I	ilseeses, Dr neert failure.	complications the	t caused the de ise on each line	ath. Do n	ot enter	the mo	de of dyle	ng, suc	ch as cerdiac or resp	iratory ar	reat,	Approxi	mate Between
IMMEDIATE CAUSE (FI disease or condition resulting in death)	nel -	Hyper TO	Tenseus (OR AS A CONSEC	A DE	ites	ro	mle	ioi	lu con	NK	escu	and a	NOZ
Sequentielly list condi- if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Inj	diate ING	DUE TO	(OR AS A CONSEC	DUENCE OF	ን:								
that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	OUENCE OF	7:								

Sec if a cau CAU that resi

PART IJ Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 - YES 2 - NO

24b. WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

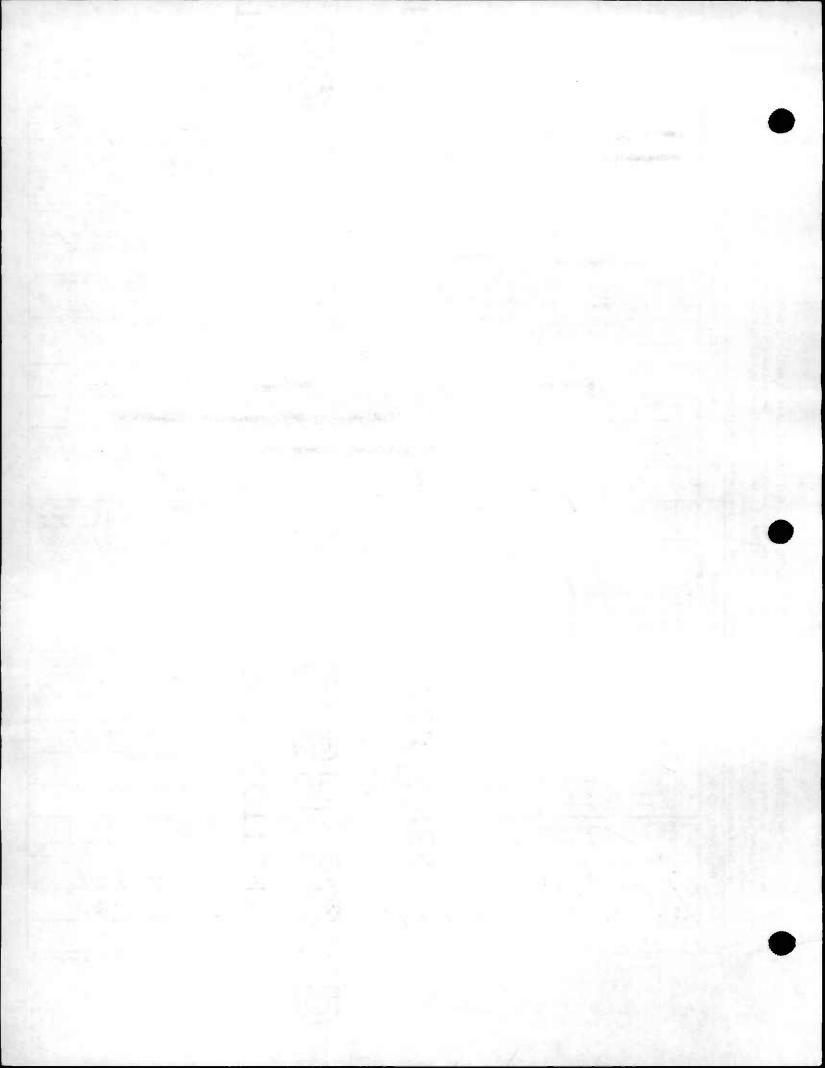
1 TES 2 NO

5. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)								
	HOSPITAL:	DOA 4 N	6 ☐ Other (Specify)							
77. MANNER OP DEATH 1 Natural S Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fe	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

29a. CERTIF	only 1 [CENTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as ataled.
one)	2	MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
- 17	-	

,29c. LICENSE NUMBER	29d. DATE ŞIGN
1/212.22	N/1-
27730	7
(1)	1 1. /
	D21230

31. DATE FILED (MONTE), Day, APR 2 4 1991



	FOR 1 STATE	STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH AND	MENTAL HYGIEN	9	11069				
	1 - STATE REGISTRAR			E OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH				
	WILLIAM K. BUC	KLEY	4/20/199		10:25 PM						
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In yrs. in:	- "	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)				
	199-07-4395	1 Ø M 2 □ F 77	YRS. MONTHS	DAYS HOURS MIN.	12/26/13		Penna.				
	9a. FACILITY NAME (If not institution, give st	reet and number)	9b. CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY					
TOR	Arundel Geriatric Nursing Center Glen Burnie Anne Arund										
DIRECTOR	Maryland Anne	ARundel Co.	ARundel Co. Baltimore (Brook				10d. INSIDE CITY LIMITS? 1 YES 2 XNO				
FUNERAL	5216 Disney Aven	nue		101. ZIP CODE 21225	5	10g. CITIZEN OF WHAT COUNTRY? USA					
Β¥	11. MARITAL STATUS 1 \(\bigcap \) Never Married 2 \(\bigcap \) Married 3 \(\bigcap \) Widowed 4 \(\bigcap \) Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 XNO Speci							
COMPLETED	15. DECEDENT'S EDUC (Specily only highest grade Elementary/Secondary (0-12)		ECEDENT'S USUAL C Give kind of work done s. Do NOT use retired.)	OCCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST					
<u> </u>	10th Grade		sembly L	ine	Factor	y Work	ar				
N O	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malder	Marie Control					
BE C	Robert Buckley Margaret Parks Buckley										
2	Ms. Jean Jones 190. MAILING ADDRESS (Street and Number or Paral Floute Number, City or Town, State, Zip Code) 5216 Disney Avenue, Baltimore, Md. 21225										
	20a. METHOD OF DISPOSITION 1X) Burlel 2 Cremation 3X Removel from State 4 Departion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometary, crematory or other place) Broad Top Cemetery 20c. Location — City or Town, State Broad Top, Penna.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker Kevin E. Ecker Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225										
	23. PART I. Enter the diseases, or o	complications that caused the de	eath. Do not ente	r the mode of dying, su	ch as cardiac or resp	iratory arrest	Approximate				
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										
	resulting in death) a. Due to (on as a consequence one.										
S	Sequentially list conditions,		200	/							
CERTIFICATION	If any, leading to immediate										
2	CAUSE (Disease or Injury		PAA	1							
<u> </u>	that initiated events	DUE TO (ON AS A GONSE	QUENCE OF:								
EH	Tooding in death) CAST	d									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 T										
ä											
×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)						
S	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	DOA 4 2 No	R: rsing Home 5 🗆 Residence	8 Other (Specify)						
	27. MANNER OF DEATH 1 Natural 5 Pending	28c. INJURY AT WORK? 1 YES 2 NO	URY AT 28d. DESCRIBE HOW INJURY OCCURED PAK?								
ED BY	2 Accident Investigation 3 Suicide 5 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fe		251. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	onel	CIAN: To the best of my knowledge, d					ruse(s) end manner as stated.				
- 1											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIEF	1030		29g LICENSE NI	9638	Page DATE SI	GNED (Month, Day, Year)				
— 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLED OF DEATH OT	FRA CON CE Did-st								

on who completed cause of DEATH (ITEM 27) (Typo, Print)
Byosp, M.D. 5411 Old Frederick Road,

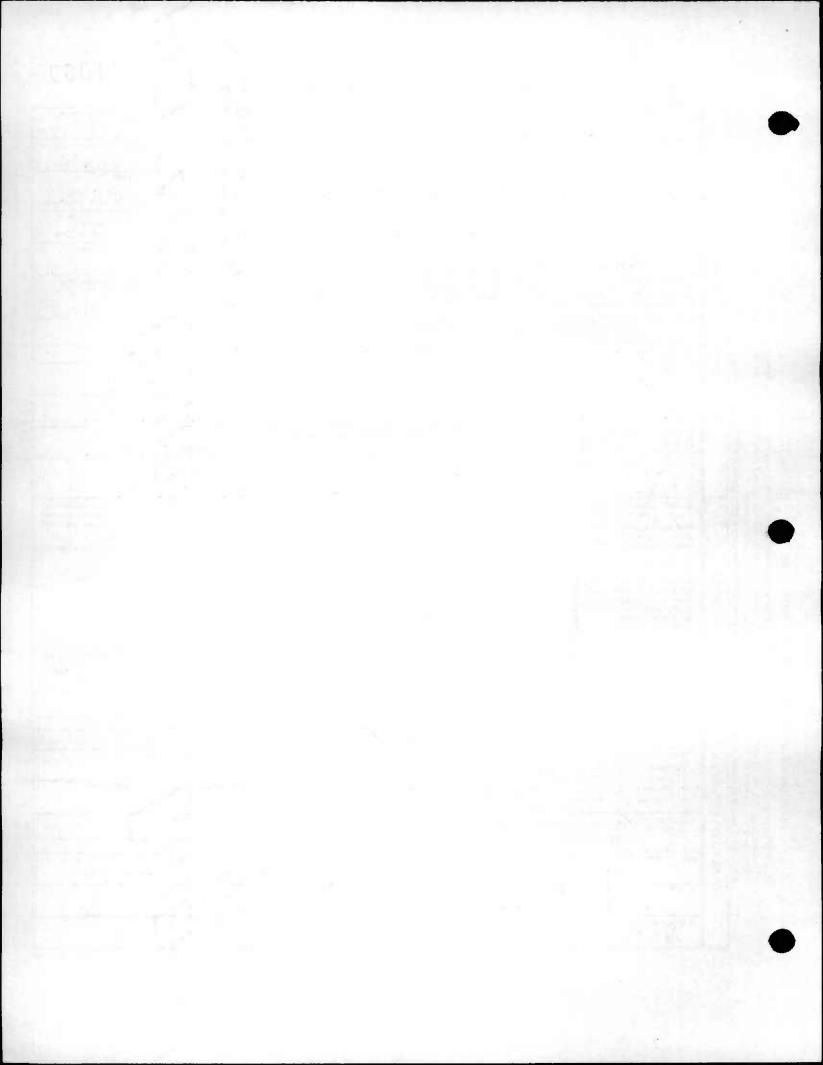
32 REGISTRAR'S SIGNATURE

Elmo Gayoso,

Dr.

DHMH-16 Rev 1/89

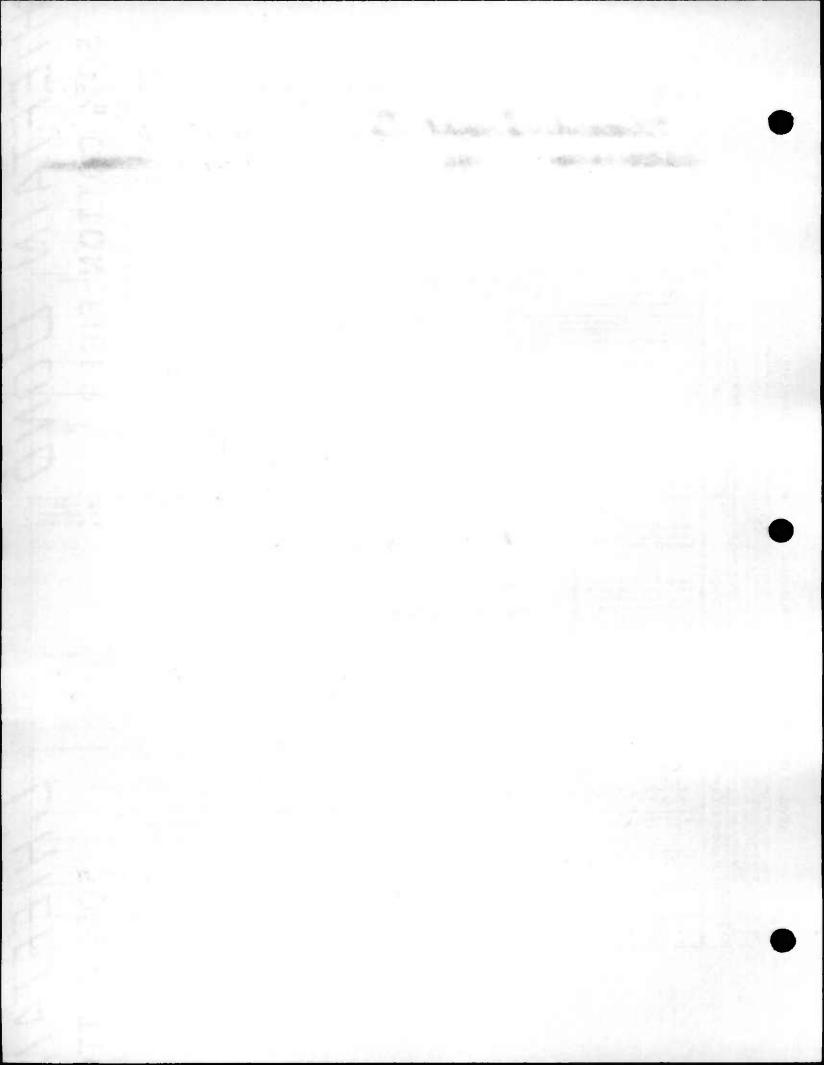
Baltimore, Maryland 21229



APR 2.4 1991

Γ	i	- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle	n, Last)	-361		ERTIF	ICAT	E OF	DEATH	1	REG. NO	AY 1	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 254-24-3680 98. FACILITY NAME (If not institution	6. s	M 2 F	N BOUCH 6. AGE (In yrs. la 69	_	IF UNDER	DAYS Y, TOWN O	R LOCATION	MIN. (MC	TE OF BIRTH with, Day, Year)	2/ C	heroke	edar Bluff e Co., Al.
	DIMECTOR	Stella Maris	-	ice			r	'owso	n			Bal	timor	æ
100	UINE	Maryland Baltimore			10c. CITY, TOWN OR LOCATION Freeland						I. INSIDE CITY LIMITS? YES 2 ^N NO			
	runemar	10. STREET AND NUMBER 21609 Middletown Road				101. ZIP CODE 21053				U.S.A.			COUNTRY?	
2	ă	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Divorced	12.	WAS DECEDENT			13.	If yes, spe		Mexican, Puer	GIN? (Specify Yes to Rican, etc.)	s or No 14	Specify:	
	COMPLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	st grade comp	N	16a. Di	. Do NOT u	work done	during mos	N st of working		66. KIND OF BU			66
葡 .	u 1	17. FATHER'S NAME (First, Middle, Last) Herbert Lamar Bouchillon of Cherokee County, Alabama Tavern Tavern Rosa Lavada Cates of Polk County (Rosa Lavada Cates of Georgia)						ounty,						
	10 8	19a. INFORMANT'S NAME (Type/Print) Margaret A. Bouchillon 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10a to #10g												
must		20c. METHOD OF DISPOSITION 1 © Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20c. Disposition (Name of cemetery, crematory or place) Dulaney Valley Mem.Gdns.4/22/91 Timonium, Md.												
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204												
traumatic event, the medical	ION	23. PART I. Enter the disease abook, or heart filmMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a	DUE TO	caused tha dise on each line on as A conse	a. A WI QUENCE O	X n				ardiac or reap	iretory arres	st,	Approximate intervel Between Onset and Death
or other	CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.												
any inju	MEDICAL C	PART il. Other significant co	nditiona co	entributing to	death but not	resulting	in tha u	nderlying	g cause giv	ven in Part I.	24a, WAS AMPERFO	RMED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 TO NO
Item 23 si		25. WAS CASE REFERRED TO MED EXAMINER?		OSPITAL:			ОТНЕ		ACE OF DEA	TH (Check only	one)		<u></u>	
ked, or it	PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendik	10		ER/Outpatient INJURY IV, Year)	26b. TIB	4 - Nu ME OF JURY	28c. INJ WO	URY AT		ther (Specify) DESCRIBE HOW	HOSDI		
18 is mar	IEU BY	2 Accident Investigation			FINJURY — At h stc. (Specify)				26f. LOCATION (Street and Number or Pural Route Number, City or Town, State)					
TANT: If Item	COMPLET	one) _			my knowledge, d									d manner as stated.
POR I	O BE C	296. SIGNATURE AND TITLE OF C	ale		derle	-				27087		29d. DATE	SIGNED (Mo	B 9/
F		Carla S. Alex	каnde	M.D.	Stella	Mar:	Print) IS H	ospi	ce-Dul	Laney '	Valley	Rd	Tows	on21204
	- 1	31. DATE FILED (Month, Day, Year)		32. REGISTRA	R'S SIGNATURE	-								

Sevidson-Randalle



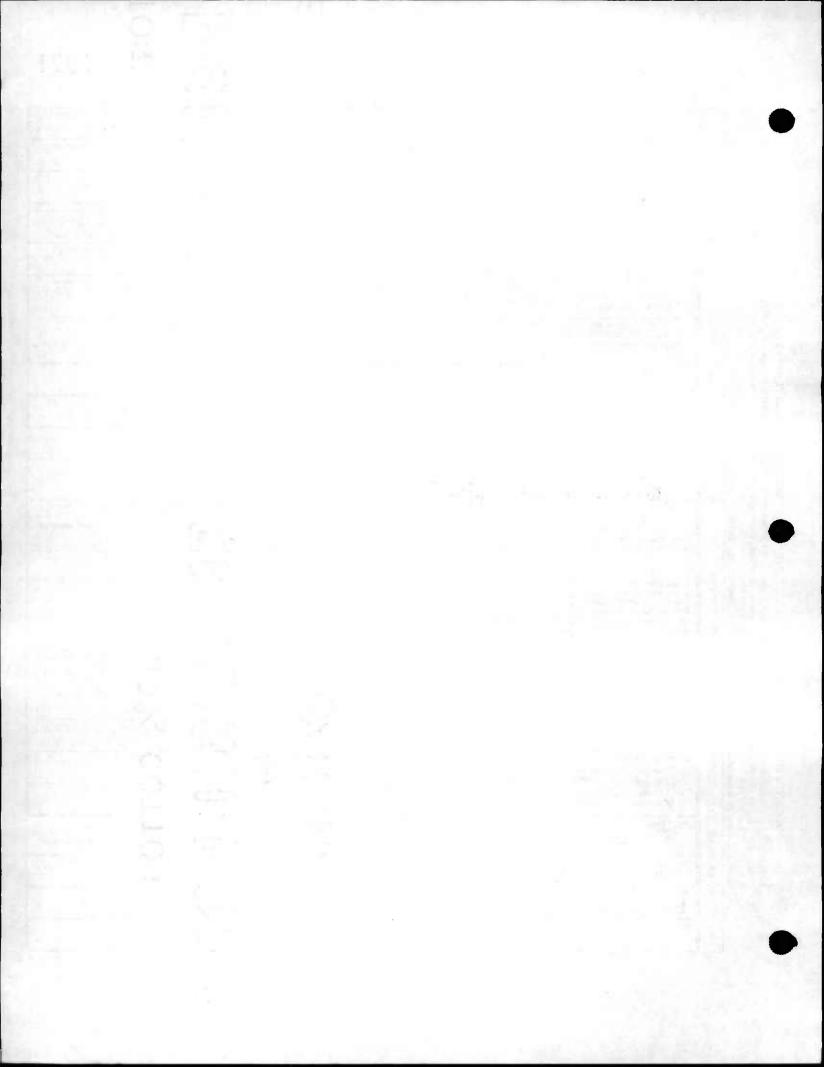
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG	. NO.						
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEA		37	3. TIME OF DI	EATH			
HAE	Gak CHUNG			4 23 1991			3:12	A M				
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	ГН	8. BIRTH		Foreign			
153-84-8320	1X M 2 🗆 F	52 YRS.	MONTHS DAYS	HOURS MIN.	March		Count	orea				
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			NTY OF D		-			
401 E. 33rd Stre RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Ba 10c. STREET AND NUMBER 305 E. Limesto 11. MARITAL STATUS 1 Never Married 2 X Married	401 E. 33rd StreetT BALTIMORE											
10a. STATE 10b. COUR												
Maryland Ba	ltimore		Cockeys	ville				1 YES 2	₩ NO			
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?												
305 E. Limesto	305 E. Limestone Valley Drive 21030 Korea											
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED		ENDENT OF HISPA			14. RAC	E — American I				
1 Never Married 2 X Married 3 Wildowed 4 Divorced		MAR OR DATES		ecify Cuban, Maxica 2 NO Specif		tc.)	Spec	ok, white, etc. en/y: Whit	е			
15. DECEDENT'S E	DUCATION	18a. DECEDENT'S	S USUAL OCCUPATI	ON	16b. KIND	OF BUSINESS/INI	DUSTRY					
(Specify only highest green (0-12)	College (1-4 or 5	+) (Give kind of	work done during mouse retired.)	est of working								
	4		nager 7-Eleven									
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, I							
Nam Jin Chui	na			Sak Y	'i Sang							
19a INFORMANT'S NAME (Time/Print)		19b. MAILIN	Q ADDRESS (Street			or Town, State, Zi	p Code)					
Soon Young	Chung	305	E. Lime	stone Te	rrace	Cockey	svill	e Md	2103			
20a. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSITION			Oc. LOCATION -						
PC Buriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	↑ Burlel 2 Cremetton 3 Removed from State Cremetton State Cremetton State Other (Specify)											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
De at &	Lemmon-Mitchell-Wiedefeld Timonium, Maryland 21093											
23. PART I. Enter the diseases, D	XINXLAW	0100	1 I Im	onium, A	Maryland	21093		Approx				
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease Dr condition a. GUNSHOT TO DRM AND CLASS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CAUSE (Disease or Injury that initiated events	CAUSE (Disease or Injury C.											
reaulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 A YES 2 NO 27. MANNER OF DEATH	P	AMS AN AUTOPSY PERFORMED? YES 2 NO 24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO										
ž I												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			7	LACE OF DEATH (C	heck only one)							
n 1 ☐ YES 2 □ NO	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	OTHER:	ne 5 🗆 Rasidence	8 Y Other (Spec	W STORE						
27. MANNER OF DEATH	28a. DATE O		ME OF 26c. IN	JURY AT ORK?	28d. DESCRIBE	HOW INJURY OF	CURED					
1 Netural 5 Pending 2 Accident investigation			. M 4 🗆	YES 2 NO	SUBJE	CT SHOT						
	28e. PLACE (OF INJURY - At home, farm.		on .	28f. LOCATION	(Street and Number	er or Rural	Route Number,				
4 Homicide determined	4 Homicide determined						STRE	ET				
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of						-					
	Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
TO WOULD THE OF CERT	10 UC. 11	LAN			mOEN.			D (Month, Day, Y	our)			
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH (ITEM 27) (T-	na Print)	OCME		4-	23-9	1				
MARGRAND L		1.4.0										
31. DATE FILED (Month, Day, Year)	KORELL 12 DECISTO	AR'S SIGNATURE	PENN S	TREET BA	LTIMORE	MARYLA	ND 2	1201				
St. DATE FILED (MORRI, Day, 16ar)	SZ. NEUISTN	A. A. A. A. A. A. A. A. A. A. A. A. A. A										



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'n	ACSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E
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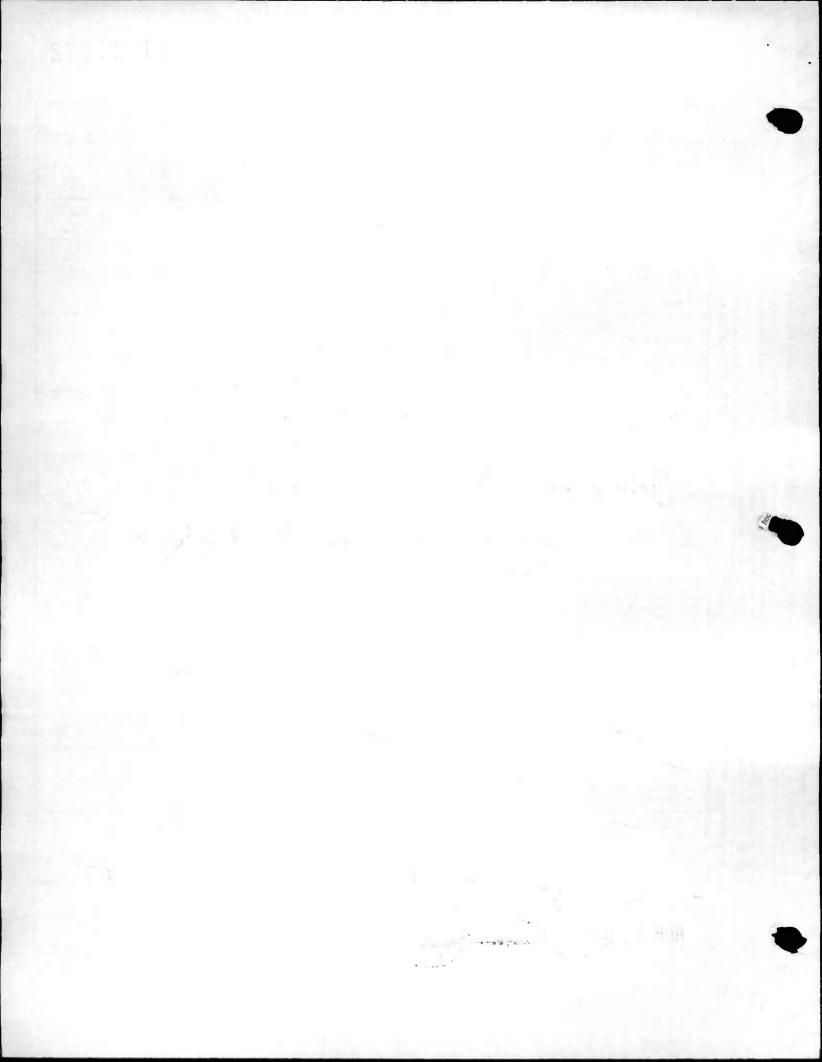
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 as after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATI	E OF	MARYLAND	/ DEPARTMENT	r OF	HEALTH	AND	MENTAL	HYGIE	NE
			CERTIFICATI	E O	F DEAT	ГН		REG. NO	O.

	1 - FOR STATE OF MARYLAND / DEPA	ARTMENT OF H		MENTAL HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH							
	Ensor A. Clark	Ensor A. Clark									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIF	RTHPLACE (State or Foreign					
	216-05-8444 1≅ M 2 □ F 84 YRS.	MONTHS DAYS	HOURS MIN.	9-11-1906		yland					
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH						
6	Summit Nursing Home	Catons	ville		Baltimore County						
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. C		10d, INSIDE CITY								
E	Maryland Baltimore County W	Woodlawn			LIMITS? 1 ☐ YES 2 🔯 NO						
A	10+, STREET AND NUMBER		10g. CITIZEN OF WHAT COUNTRY?								
EB	5508 Windsor Mill Rd.	21207									
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 NO			IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	os or No— 14. RACE — American Indian, Black, White, atc.						
BY	IF YES, GIVE WAR OR DATES		2 NO Specify		100	Specify:					
	15. DECEDENT'S EDUCATION 16e. DECEDENT	T'S USUAL OCCUPATI	ON.	16b. KIND OF BUS	SINESS/INDIJSTE	White					
	(Specify only highest grade completed) (Give kind life. Do NOI life. D	of work done during m T use retired.)	st of working	los rano or bot	JIII 2007 III 2007 I II						
Z		Estate Br	oker								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)						
BE	Aaron A. Clark		C1a	ara B. Enso	or						
10				Poute Number, City or Tow							
		Windsor 1				21207					
	1 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from State other place)	POSITION (Name of ce			CATION — City o	1000					
	4 Donation 6 Other (Specify) Druid Ric				kesville	e, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOTING Byers Funeral Directors, Inc.										
	23. PART / Enter the diseases, or complications that caused the death. D.			Rd. Randal		MD 21133					
CERTIFICATION	23. PART y Enter the diseases, or complications that caused tha daath. Do not antar the mode of dying, such as cardiac or respiratory arreat, shock, or haart failure. List only ona cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in daath) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 HO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL	26. F	LACE OF DEATH (Ch	eck only one)							
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetiant 2 ER/Outpetiant 3 DO/	OTHER:	ne 6 🗆 Rasidenca	6 Other (Specify)							
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 VES 2 NO										
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined Could not be determined Coulding, atc. (Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dev. Year)										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1) Show Shap my 5808 Edmondson	Type, Print) Bal.	ma 2/2	128	1_'						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		,,,	- 0							
	APR 23 1991 gine tavidson Bandose					DHMH.18 Ray 1/90					



7. DATE OF BIRTH
(Month, Dey, Year)
APRIL 5,1920

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

VIRGINIA

9c. COUNTY OF DEATH

EDLOW LEE

9a. FACILITY NAME (If not institution, give street and number)

224-12-1575

CARTER

5. SEX

1 M 2 | F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURE

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

71

YRS

BALTIMORE, MARYLAND 21215-0020

2	1814 WOODSIDE AVE	ENUE		HALE	THORPE			BALT	IMOR	.E
RECTOR	10a. STATE 10b. COUNTY	,	10c. CITY, T	OWN OR LOCA	TION				10-	d. INSIDE CITY LIMITS?
۵		TIMORE	HAL	ETHORF	E				1 [YES 25 NO
UNERAL	100. STREET AND NUMBER 1814 WOODSIDE AVE	ENUE		10	21227			10g. CITIZE	N OF WHA	T COUNTRY?
BY F	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. FORCES? 1 1 YES 2 [IF YES, GIVE WAR OR DATES	NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 XNO Speci	an, Puerto		a or No— 14		American Indian, hita, etc. WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16a.	DECEDENT'S US	done during m	ION ost of working	16	. KINO OF BU	SINESS/INOUS	TRY	
LET	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	DDECC		OD		ZA TORD	A T 3D/T		
COMPL	17. FATHER'S NAME (First, Middle, Last)		PRESS	OPERAL	16. MOTHER'S NA			ALUMI Sumame)	NUM	
w l	FORREST ALON	ZA CARTER			LUCY JA	NE W	ARLITN	ER		
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural				ode)	
-1	IDAMAY E. CARTER				E AVE.,					
	20a. METHOD OF OISPOSITION 1 X Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State of comets	CE ANO DATE OF	other place)		OAT		CATION — CH		State
	21. SIGNATURE OF FUHERAL SERVICE LIC		owriage		ial PArk		25 EL	KRIDGE		
	A Toron	& Gos	1		RD FUNER					
	23. PART i. Enter the diseases, or o	complications that durant the	Cath Do not	4107	WILKENS_	AVE	UE B	ALTIMO	RE. N	Approximate
DICAL CERTIFICATION	Sequentielly list conditiona, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (OR AS A CONSIDER CONTRIBUTION OF AS A CONSIDER CONTRIBUTION OF AS A CONTRIBUTION OF CO	SEQUENCE OF): SEQUENCE OF):				24a. WAS AN PERFO	RMED?	AV.	ERE AUTOPSY FINI MILABLE PRIOR TO IMPLETION OF CA- DEATH?
ME										YES 2 NO
ä										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	PLACE OF DEATH (C					
PHY	27. MANNEB OF DEATH 1 Natural 5 Pending	1 : inpetient 2 : ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	9F 28c. IN	me 5 Amaidence JURY AT ORK? YES 2 NO			INJURY OCCU	RED	
₩	2 Accident Investigation	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, stre			261. LO	CATION (Street or Town, State	and Number or	Rural Rout	e Number,
_	3 Suicide 6 Could not be 4 Homicide determined									
_	4 Homicide determined 29e. CERTIFIER (Check only	CIAN: To the best of my knowledge,								nd manner ea sta
BE COMPLETED E	4 Homicide determined 29e. CERTIFIER (Check only	R: On the basis of examination and				a time, dat		nd due to the	cause(a) ar	onth, Day, Year)
E COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the basis of examination and	or investigation, i	in my opinion,	death occured at th	a time, dat		nd due to the	cause(a) ar	
BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CENTIFIES 30, NAME AND ADDRESS OF PERSON WITH	R: On the basis of examination and	or Investigation,	in my opinion,	death occured at th	e time, det	a and placa, a	29d. DATE S	cause(a) ar	
BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination and	FOR CHOICE	in my opinion,	death occured at th	e time, det	a and placa, a	nd due to the	cause(a) ar	

To the bill

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION SET OF S	er death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul in with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FRE 10a M; 10a 2:11. 1 [3 [17. 19a 4 [21.
TO THE PO	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	-UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ti vithin 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or remov	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	25
	TO THE	TO THE be filed	IMPOR	TO BE	30

STATE REGISTRAR		CERTIFIC	ATE C	F DEATH		i. NO.	2 THE OF SELTIN
DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEA MONTH		3. TIME OF DEATH
Thomas SOCIAL SECURITY NUMBER		Carter AGE (In yrs. lest birthday)	UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRD		. BIRTHPLACE (State or Foreign
20-05-9370	1 🖳 M 2 🗆 F		NTHS DA		(Month, Day, Y	bar)	Country) Virginia
1. FACILITY NAME (If not institution, give			CITY, TO	WN OR LOCATION OF D			Y OF DEATH
2924 Baker S	troot		D = 1 +	imore			
ESIDENCE OF DECEDENT							
a. STATE 10b. COUN	TY	10c. CITY, TO	OWN OR L	OCATION			10d. INSIDE CITY LIMITS?
aryland		Ba1	timo				1 X YES 2 NO
. STREET AND NUMBER				10f. ZIP CODE			N OF WHAT COUNTRY?
924 Baker S	12. WAS DECEDENT E			21216		USA	
Never Married 2 Married	FORCES? 1-	YES 2 NO	If ye	DECENDENT OF HISPA , specify Cuban, Mexic	an, Puerto Rican, e	elfy Yea or No — 14 (c.)	I. RACE — American Indian, Black, White, etc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAT		1 🗆	YES 2 NO Speci	fy:		Specify: Black
15, DECEDENT'S ED		16a. DECEDENT'S US	JAL OCCU	PATION	16b, KIND	OF BUSINESS/INDUS	
(Specify only highest gra-	completed) College (1-4 or 5+)	(Give kind of work life, Do NOT use re	done durin tired.)	g most of working			
, , (• ,		Rigger					
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, I	Malden Surname)	
Charlie Cart	er			Sallie	e Cham	bers	
n. INFORMANT'S NAME (Type/Print)	-	19b. MAILING AD	DRESS (St	eet and Number or Rural	Route Number, City	or Town, State, Zip C	ode) 21216
ary G. Carter		2924 B	aker	Street	Balti	more, N	Maryland 21216
la. METHOD OF DISPOSITION	moval from State	20b. PLACE AND DATE Of cemetary, crematory or			DATE 2	Oc. LOCATION — CI	ty or Town, Stata
☐ Donetion 5 ☐ Other (Specify)		Garrison	Fore	st Vet (em 4/2	6/91 M	yings Mills,
1, SIGNATURE OF FUNERAL SERVICE	Ісенуєє		22. NAN	E AND ADDRESS OF F	ACILITY	1701	McCulloh St
Herry 9	tarris		Cha	tman Hay	cric F/		imore, Md 21
23. PART I. Enter the diseeses, o	complications that	caused the deeth. Do not	enter the	mode of dying, su	ch es cerdiec o	respiratory erres	st, Approximete
shock, or heert fellure	. Liet only one ceue	on each line.	1	c 1			Interval Between Onset end Death
IMMEDIATE CAUSE (Finel disease or condition	Λ	MAR ARDIN	1	inharch	1		
resulting in death)	DUE TO (O	PAS A CONSEQUENCE OF):		110111	1		
A THE SHAPE IS A STATE OF		(oronA.	4	Anten	dise.	Ase	
Sequentielly list conditions, if eny, leeding to immediate	DUE TO (O	R AS A CONSEQUENCE OF):	1,	1	10		
cause. Enter UNDERLYING CAUSE (Disease or Injury	С	AthroSc	Leso	85 , N	ypenter	Sion	
that initiated events	DUE TO (O	R AS A CONSEQUENCE OF):		1	(1		
recuiting in death) LAST	d						
PART II. Other significent conditi	one contributing to d	eath but not resulting in	he under	lying ceuse given is	Part I. 24e V	MAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
CAOD		Aprise			,	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
0.0	1	10 50			— ¹º	YES 2 NO	OF DEATH?
18					-		1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL				A DI ACE OF DEATH //	back anti-anal		
EXAMINER?	HOSPITAL:		THER:	8. PLACE OF DEATH (C			
7. MANNER OF DEATH	28a. DATE OF IP			Home 5 Hesidence		HOW INJURY OCCL	IRED
1 Natural 5 Pending	(Month, Day		Υ	WORK?	200. DESCRIBE	TIOW INSORT OCCU	JALD
2 Accident Investigation		INJURY — At home, farm, stre			284 LOCATION	(Street and Number o	r Rural Route Number,
3 Suicide B Could not b	building, et	c. (Specify)	,y,		City or Town	, State)	
9a. CERTIFIER					115		
(Check only		y knowledge, deeth occurred					
2 MEDICAL EXAM	NER: On the basis of axa	mination and/or investigation,	in my opin	on, death occured et th	e time, data and p	lece, and due to the	cause(s) and manner as stated.
96. SIGNATURE AND TITLE OF CERTIF	00 01 14 . A	\		29c, LICENSE N	JMBER	29d. DATE	SIGNED (Month, Day, Year)
(1)hCh	ney ru	/		1)27	860		1/23/91
O. NAME AND ADDRESS OF PERSON	VHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pr	int)		0.10	201-1	17 0:00
(HU ICO OLYA)	1). 1/4	HKNIKY MI	-/1	D WISH	KIVII	YILI IV	1921250
CIRISIOPHER	-0-140	11/10/14	- 6	2 1 4	0 1	7 1 1	100100

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	•	STATE REGISTR	ΑR
1.	DE	CEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	RTIFIC	CATE OF	DEATH		REG. NO.			
. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH			3. TIME OF DEATH
GEO	DRGE	RICHARD	CONLIN				MONTH O 4			991	6:00F
SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	Ī	8. BIRTH	PLACE (State or Foreign
219-22-358	7	1 X M 2 - F	64		ONTHS DAYS	HOURS MIN.	(Month	/30/19	226	Countr	LORIDA
FACILITY NAME (If not ins		street and number)	04		IL CITY TOWN	OR LOCATION OF D		120113	9c. COUN		
		1111			·		LAIII		.,		
G.B.M.C., 6		. CHARLE	S STREET		TOWS	UN			BAL'	TIMO	RE
. STATE	10b. COUNT	Υ	682	10c, CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND	DAT	TIMORE		7 77	THERVI	1772					LIMITS?
STREET AND NUMBER	DAL	I LIMORE		LU		H. ZIP CODE			44- 01711		VHAT COUNTRY?
					"				11/1/1		TATE
28 DUBLIN I	RIVE					21093			Ol V	1 harden	3/17/63
MARITAL STATUS	/	12. WAS DECEDED	T EVER IN U.S. AR	MED IO		CENDENT OF HISPA pecify Cuben, Mexic			or No-	14. RACE	- American Indian, k, White, etc.
Never Married 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IF YES, GIVE	MAR OR DATES			S 2 PNO Speci		100		Speci	hy:
		W.W.								w	11110
15. DECE (Specify only	DENT'S EDU highest grade	CATION completed)	(G	ive kind of wor	SUAL OCCUPAT ik done during m	ION ost of working	18b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-	12)	College (1-4 or 5	+) #6.	Do NOT use	retired.)	- 11		20171	7 /	AC	+ELECT,
11		-	HU	1010	760	15.	1	2711-16	, 0,	72	There,
FATHER'S NAME (First, Mic	ddle, Last)	- () 1/	/			18. MOTHER'S NA	AME (First, I	liddle, Maiden	Surname)		
WALTER	J	CONI	IN			616	-IAN	1 1	PAY	w	IEITZEL
. INFORMANT'S NAME (Ty	pe/Print)		19	. MAILING A	DDRESS (Street	end Number or Rural	Route Numl	oer, City or Tow	n. State, Zip	Code)	
FAMILY	P	ECORI	3	SAM	ne	AS A	2,60	VE		,	
n. METHOD OF DISPOSITION	ON		001 01 000			17			0471011	Ott T.	0
Buriel 2 - Cremetion	n 3 🗆 Rem	noval from State	of cemetary.	crematory of	other place)	N (Name	2014-	15: 130	CATION -	City or it	wn, state
☐ Donetion 5 ☐ Other (- DULL	HVOI	VHU	Of ME	1 91	CO	401	74	000,1.4
. SIGNATURE OF FUNERAL	. SERVICE LI	CENSEE	12 "		22. NAME	ND ADDRESS OF F	ACILITY.	0,52	OF	= 0	H11155
190	hora	77	ATURA		7-1	3500	Vini	DU	01	7	malling
esulting in deeth)	*		O (OR AS A CONSE			MA FROM I	PROST.	ATE			
equentielly list conditions on the conditions of	diete	bDUE TO	OR AS A CONSE	DUENCE OF):							
euse. Enter UNDERLYII CAUSE (Diseese or injui		c									
hat initisted events equiting in deeth) LAST	,	DUE IC	OR AS A CONSE	DUENCE OF):							i
southing in death) LAS		d									
ART II. Other eignifica	nt conditio	ne contribution to	doeth but not	naultina in	the restorbe	as sous shop to	. Don't	24s. WAS AN	Alfronov	1	, WERE AUTOPSY FINDING
ATT II. Out of organical	THE GOVERNMENT	- contributing to	destil but liot i	equiting in	the undertyn	ilg couse given ii	rait i.	PERFOR		240	AVAILABLE PRIOR TO
		_	_					1 YES 2	ON 🗆		COMPLETION OF CAUSE OF DEATH?
							1				1 YES 2 NO
WAS CASE REFERRED TO	MEDICAL				28. 1	PLACE OF DEATH (C	heck only or	10)			
EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient 3		OTHER:	me 5 🗆 Reeldence	1 D 04	r (Conolis)			
MANNER OF DEATH		28e. DATE O		28b. TIME		IJURY AT	7	CRIBE HOW I	N ILIBY OC	CHIDED	
	Pending	(Month,	Day, Year)	INJU	RY W	ORK?	200. 02.	CHIBE HOW I	NOON! OC	CONED	
2 Accident	investigation		25 10770.5			YES 2 NO	↓				
	Could not be	28e. PLACE building	OF INJURY — At he of the office (Specify)	rme, farm, str	eet, factory, off	Ice		ATION (Street or Town, State)		or Rural	Route Number,
- I HOMEOU											
e. CERTIFIER 1 CERT	IFYING PHYS	SICIAN: To the best of	f my knowledge, de	ath occurred	at the time, da	le end place, end du	e to the car	ree(e) end me	nner ee stat	led.	 :
anal		The second second									a) and menner ee stated
					,			-ve branet at		- 1000	
b. SIGNATURE AND TITLE	OF CERTIFIE	A /	-			29c, LICENSE NU	JMBER .		29d, DAT	E SIGNED	(Month, Day, Year)
DK 1	July 1	21.	AD.			Dao	08			71	17/91
NAME AND ADDRESS OF	MERSON WI	HO COMPLETED CA	JSE OF DEATH (ITE	M 27) (Type, F	Print)	n	0	200		-	- 1
1)K. 4	OKK	DH	120	515	TER	PIED	KE	1/2	WE	. 7	OUBON,1
DATE FILED (MONTH, Apy,	P-9004	32. REGISTR	AR'S SIGNATURE			11-1-1			-		
DPR 7. Z	1 1441	Heel a Ja	und war han	delle							

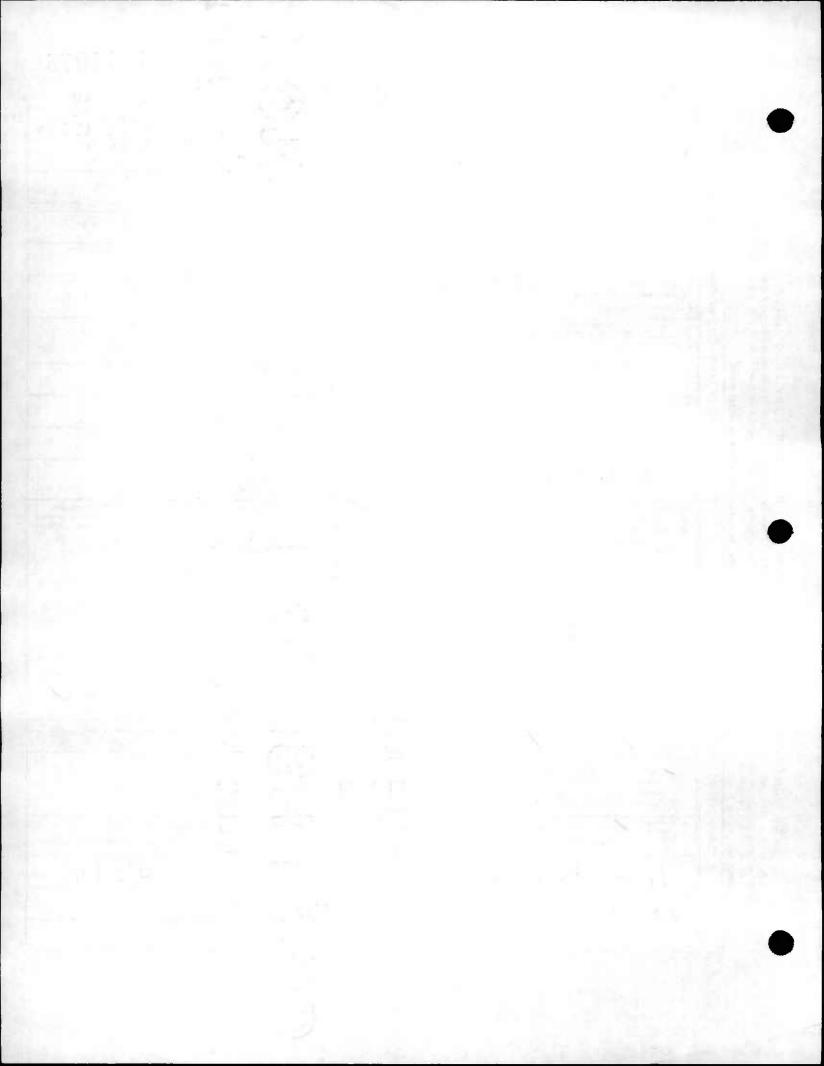
CHARLE

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		21 110
1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	HYGIENE CONC REG. NO. CO Y LE. LAU
1. DECEDENT'S NAME (First, Middle, Last) Marcia Elaine DeGro	ft 000 CA	GF DEATH YEAR 3. TIME OF DEATH
4. ROCIAL SECURITY NUMBER 5. SEX	8. AGE (in yrs lest Britiday) F IF UNDER t YEAR TE UNDER 24 RIS. 7. DATE	OF BIRTH # 2 2 4 CHATHPLACE (Sinte or

	1. DECEDENT'S NAME (First, Middle, Last)		DEGROFT	2. DATE OF DEATH	\$ 4. ·	3. TIME OF OEATH
	Marcia Elaine DeGroft	Q 5	000 0	4 4 21	CAMP	1010:20/
		thday) IF UNDER	DAYS HOURS MIN.	7. DATE OF BIRTH	24 5	HIRTHPLIACE (State or Foreign Country)
	191-52-5258 1□ M 2 🗹 F 20	YRS.	DAYS HOURS MIN.	Mar 8, 19		Pennsylvania
	9a. FACILITY NAME (if not institution, give street and number)	9b. CITY	, TOWN OR LOCATION OF DE		9c. COUNTY	
FUNERAL DIRECTOR	University Hospital	Bal	timore City			
E		Oc. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
뜸	Pennsylvania Adams County	Gettys	burg			1 YES 2 NO
₹	100. STREET AND NUMBER	-	101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
E	2583 Mummasburg Road		17325		U:	SA
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEI	D 13.	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica		or No- 14	. RACE — American Indian, Black, White, etc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced PORCEST 1 YES 2X NO IF YES, GIVE WAR OR DATES		1 Tes 2 No Specif	y:		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEC (Specify only highest grade completed) (Give	DENT'S USUAL C	CCUPATION during most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
91	Elamentary/Secondary (0-12) College (1-4 or 5+)	NOT use retired.)	Active and Const.			
₩ P		tudent		College		ent
8	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden		
BE	Donald Francis DeGroft			Elaine Mille		
2			S (Street and Number or Rural	,,	,	
-			masburg Roa	d. Gettsbu	rg.PA	17325
	1 M Buriet 2 Cremetton 3 Removel from State	amaton, or other	place) Cemetery			y or Town, Stata
	21, SIGNATURE OF FUNERAL SELVICE CLENSEE	22	NAME AND ADDRESS OF FA	CILITY		
	Martin D. Lawson		emmon-Mitch			
	23. PART I. Enter the diseases, or complications that caused the death		W. Padonia			
	shock, pr heart fallure. List only one cause on aech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUE		2º glissle 2º che	S NO. THANKS END AS		interval Batween Onset and Death
		ENCE OF):	20)	11		
Z	Sequentially list conditions,	ng dz	2° che	uno there	MA	
E	if any, leading to immediate	ENCE OF):			,	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated quarter DUE TO (OR AS A CONSEQUE					
E	that initiated events resulting in death) LAST	INCE OF):				
员	d					<u> </u>
	PART ii. Other significant conditions contributing to death but not res	uiting in tha u	nderlying ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL				1 1 1 1 1 1 Es :		COMPLETION OF CAUSE OF DEATH?
						1 YES 2 TO MO
Ž	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C)	neck only one)		
S	EXAMINER? 1 YES 2 NO 1 Inpellant 2 ER/Outpetient 3	DOA 4 Nu	R: Irsing Home 5 - Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 2	8b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	NJURY OCCU	RED
	1 Netural 5 Pending (Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
BY	3 Suicide 28a. PLACE OF INJURY — At home	, farm, street, fa	ctory, office	28f. LOCATION (Street		Rural Route Number,
臣	4 Homicide determined building, etc. (Specify)			City or Town, State		
٣	29a. CERTIFIER (Chack note: 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death	occurred at the	time data and place and du	to the cause(s) and ma	nner se steted	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or inv					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	_	29c. LICENSE NU	MOER	ZVG. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	7) (Time Orint)			7	12/1-11
	I of March I Warn	To land	to MAD			
	31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE	Lac. (17/10			
	of heart of a signature	7. 60				



SIGN OF VITAL MECORDS, P.O. BOX 88760, BALLIMORE, MARYLAND 21213-0020	nger of any perioning PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The function page 5 should be detached for use attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	with 72 months with the State Dept. of Health and Memai Hyglene prior to burial, cremation, or removal.	ANT II Then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	THE HOPPI	THE FULLER	oe filed with 72	MPORTANT: IF

2188 FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE REG. NO.
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	REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	(TOWNSEN	D E.	DOUGI	AS)		2. DATE O	F OEATH DAY	VEAD	3. TIME OF D	EATH
	TOWSON	Ε.			OUGLAS		04	20	1991	6:08	Р м
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH	8. BIRT Coun	HPLACE (State of	-
	218-05-5600	X	69	YRS.	NTHS DAYS	HOURS MIN.	172-0	85-21	0007	S.C	
	9e. FACILITY NAME (If not institution, give s	treet end number)		98	CITY, TOWN	OR LOCATION OF DE	EATH	9c.	COUNTY OF	DEATH	
R	2008 EAST PRESTON	N STREET			BALT	IMORE CI	ΓY				
5	RESIDENCE OF DECEDENT										
2	10a. STATE 10b. COUNTY	1			OWN OR LOCA		V			10d. INSIDE (
0	MD			BAL	TIMOR	E, CIT	Y			1 XXYES 2	□ NO
M	10e. STREET AND NUMBER	C=0 C=5			10	ZIP CODE		10g		WHAT COUNTR	47
ÿ		STON STR	REET			21213			USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EX	ER IN U.S. ARM	IED		ENDENT OF HISPAI			0— 14. RAC	E American I ck, White, etc.	indlen,
BY	1) Never Merried 2 Married 3 Widowed 4 Divorced	MARI	OR DATES			2 NO Specif		vent, atto.)	Spec		
					1					DLAC	Λ
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade		16e. DEC	EDENT'S US	JAL OCCUPATI done during me tired.)	ON ost of working	16b. I	KIND OF BUSINES	S/INDUSTRY		
쁘	Elementary/Secondery (0-12) 9 t h	College (1-4 or 5+)									
₹			IVIE	RCHA	IN I 2	EAMAN					
8	17. FATHER'S NAME (First, Middle, Last)							ddle, Maiden Surne	me)		
BE	JOHN DOUGLAS				_	IDA	TOW	NSEND			
2	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural					
_	DELPHINE GRI	FFIN	1	.553	MATHE	WSTOWN	RD./	HANOVE	R, MD	. 210	76
	20e. METHOD OF DISPOSITION 1) (Suriel 2 Cremellon 3 Rem	oval from State			DISPOSITION		DATE	20c. LOCATIO	N — City or T	own, State	
	4 Donation 5 Other (Specify)	Oval Holli State	MD Melary	ATTO	N'A'Lace) C	EMETERY	,	LAUR	EL, M	ID.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF FA	CILITY				
	l ▶ lin o				MARC	H FUNER	лт ц	OME 11	01 6	MODT	H AVE
	~ Xadus	Waren									
	23. PART I. Enter the diseases, or a shock, or heart failure.	List only one cause	on aach lina.	ith. Do not	antar tha me	da or dying, suc	n aa cardii	ac or reapirator	y arreat,	Approx	kimata I Between
	IMMEDIATE CAUSE (Final							0.	11-1-1	Onset	and Death
	disease or condition reaulting in desth)	. AKTERIO			CA	LNOVASC	MITTER	- VISEA	ISE		
		DUE TO (OR	AS A CONSEQU	UENCE OF):							
Z	Sequentially list conditions,	b									
CERTIFICATION	If sny, leading to immediate	DUE TO (OR	AS A CONSEQU	UENCE OF):							
2	CAUSE (Disease or Injury	C									
#	that initiated evants resulting in death) LAST	DUE TO (OR	AS A CONSEQU	UENCE OF):						1	
H	roading in adding Exer	d							V 115		
0	PART II. Other algrificant condition	na contributing to da	ath but not re	aulting in 1	ha undarivin	g cause given in	Part I.	24a. WAS AN AUTO	PSY 24	b. WERE AUTOPS	Y FINDINGS
EDICAL		COHOLISM			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		PERFORMED	7	AVAILABLE PR	HOR TO
	The state of the s	20110121011	,				_	1 YES 2 - N	10	OF DEATH?	OF GAUGE
Ξ				_			— 1	,		1 YES 2	□ NO
Ž.											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	28. P THER:	LACE OF DEATH (C)	heck only one	1			
YSI	YES 2 NO	1 - Inpatient 2 - ER			☐ Nursing Hor	ne 5 Aleeldence	8 🗆 Other	(Specify)			
PHYSICIAN: M	27. MANNER OF DEATH	28a. OATE OF INJ (Month, Day,)		28b. TIME O	F 28c. IN	JURY AT ORK?	28d. DE\$0	CRIBE HOW INJUR	Y OCCURED		
B	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆						
	3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.	IJURY — At hon	ne, ferm, atre	et, factory, offi	ie .		TION (Street end Nor Town, State)	umber or Rural	Route Number,	
TE	4 Homicide detarmined		(//				l ony or	iowii, oldioj			
7	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledne des	th occurred i	t the lime det	and place, and thu	to the cour	e(a) and manner (n eteted		
COMPLETED	(Check only one) MEDICAL EXAMINE									(e) and manner	se stated
ပ္ပ	/ \		1		y spinotij		100				
BE	296 SIGNATURE AND TITLE OF CERTIFIE	()_\()\.	1 h	. 1		29c. LICENSE NU	MBER	29d	. DATE SIGNE	D (Month, Day, Y	ear)
2	mun -	Lieur	A	M		OCME			04	21 19	991
_	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE (OF DEATH (ITEM	27) (Type, Pr.	nt)					111111111111111111111111111111111111111	
			- 1/			DENIN OFFI	क्राइक '	DATESTA	364	DATE A TATE	21201
	MARIO F. GOLLE	, UR- III.	P			PENN STR	EET :	BALTIMO	RE, MA	RYLAND	21201
	MARIO F. GOLUE 31. DATE FILEO (Month, Day, Year) APR 2 2 1001	JR - M	P			PENN STR	EET :	BALTIMO	RE, MA	RYLAND	21201

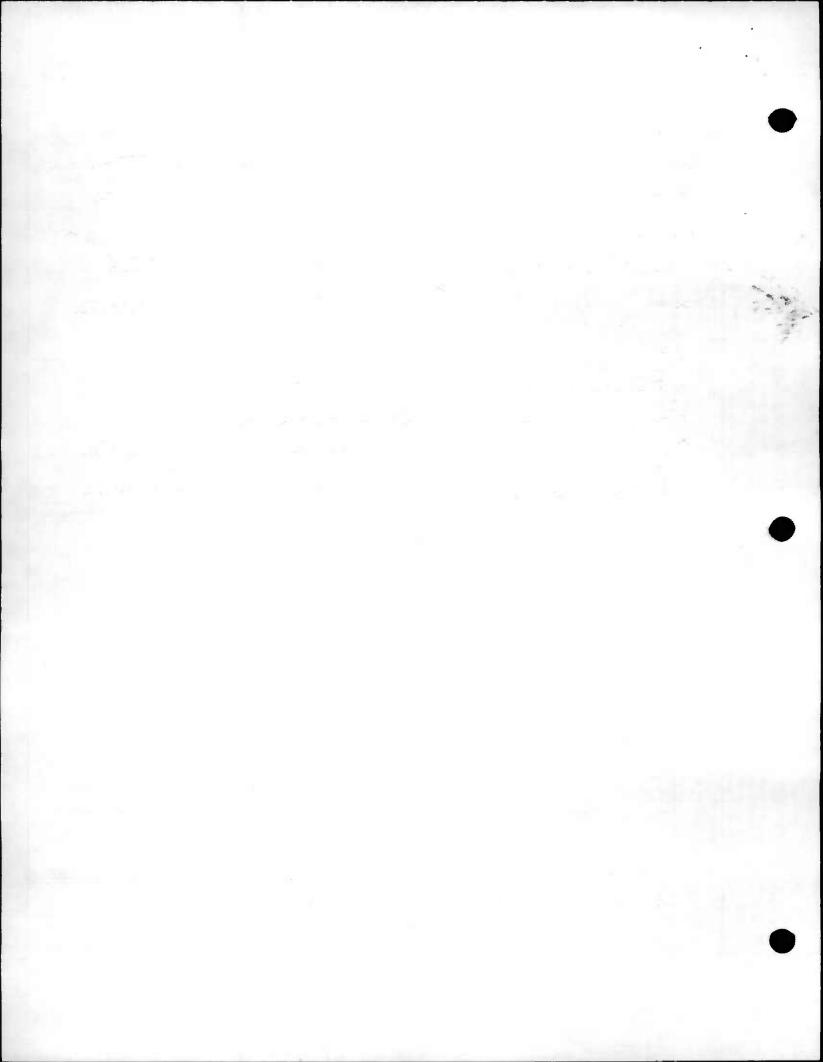
Enfoy a

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, Jours after death. Page 6 may be retained by the hospital or artianting physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYI		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE REG. N		11070
	1. DECEDENT'S NAME (First, Middle, Last)		DIBOGGO		2. DATE OF DEATH	DAY YE	3. TIME OF DEATN
- 9	Antonio 4. social security number	5. SEX 8. AGE	DIROCCO (in yrs. lest birthday) # UN	DER 1 YEAR IF UNDER 24 HRS.	April 19		94:30 A M
	EIPO OI SIE	1/8 M 2 🗆 F	YRS. MONTH	B DAYE HOURS MIN.	(Month, Day, Year) FSB-22 1	902 =	Country)
POR	96. FACILITY NAME (If not institution, give sti FRANKLIN SQ	UARS HOSE		Baltimore	EATN "	9c. COUNTY Balt	of DEATH
EC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
FUNERAL DIRECTOR	MARYLAND DAY	Timore	PAR	Krille			1 TYES 2 NO
RAL	10e. STREET AND NUMBER	0.05		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	3335 5.XAS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify	Yea or No — 14.	RACE — American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, specify Cuben, Mexico 1 YES 2 NO Specif	an, Puerto Rican, etc.)		Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	18b. KIND OF E	USINESS/INDUS	TRY
	17. FATHER'S NAME (First, Middle, Last)	Rocco		18. MOTHER'S NA	AME (First, Middle, Meid	en Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street end Number or Rural	Route Number, City or 1	own, State, Zip Co	de)
-		ROS	Sac	L AS ABO	346		
	20a, METHOD OF DISPOSITION 1 Burial 2 Cramation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	other place)	(Name of cemetery, crematory or	20c.	LOCATION — CITY	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF FA		2002000	2,10
	Dave to	am h		EVAN CHAPS	and Room	1-600	kir.111
CERTIFICATION	shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Acute Re Due TO (OR AS ASpirati Due TO (OR AS	nal Failure A CONSEQUENCE OF): On Pneumoni A CONSEQUENCE OF): A CONSEQUENCE OF):	a			Interval Batween Onset and Death
C	PART II. Other significent condition	a contributing to death	but not regulting in the	underlying cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL					PERF	ORMED? 2X∃ NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
YSIC	1 TES 2 WO	HOSPITAL: 1 D Inpetient 2 ER/Ou	Ipetiant 3 DOA 4 D	HER: Nursing Home 5 ☐ Residence	6 Other (Specify)		
3Y PH	27. MANNER OF DEATN 1 \(\sum \text{Netural} \) 5 \(\sum \text{Pending} \) 2 \(\sum \text{Accident} \) Investigation	28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NO	W INJURY OCCUP	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, street, ec/ly)	factory, office	281. LOCATION (Stre City or Town, Str		Rural Route Number,
COMPLETED				he lime, date and place, and du ny opinion, death occured at th			
BE C	296. SIGNATURE AND TITLE OF CERTIPIER	10/	1 22-	29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO B	Elis k	1 47	790/	N/A		► Ap	ril 19, 1991
	30. NAME AND ADDRESS OF PERSON WHE Elise Campagnold), M.D. 900	O Franklin	Square Drive	Baltimor	e,MD	21237
1	31. DATE FILED (Morith, Day, Year) APR 2. 4. 1991	32. REGISTRAR'S SIG					
	7						DHMH-16 Rev 1/89



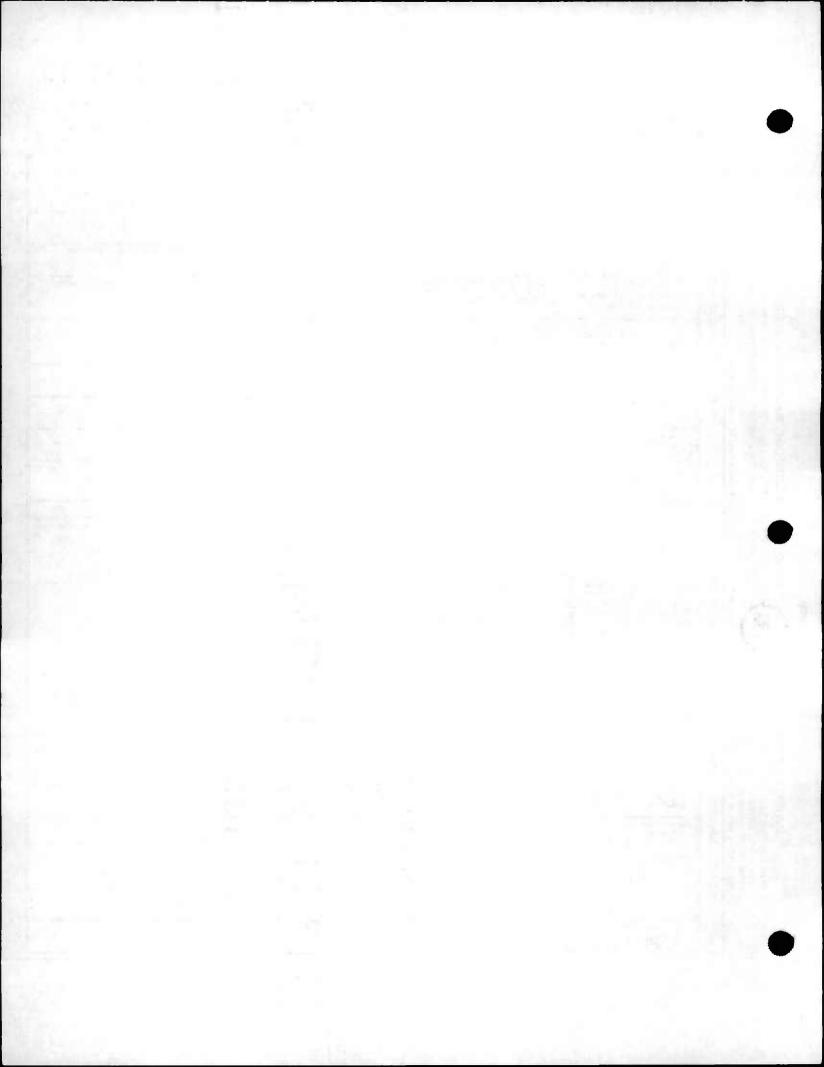
DIVISION OF VITAL RECORDS POR 68760,

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Hearn and Mental Control to burlal, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the warmen produced and completely filled in by
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the date of the bosp

2094					91	11079
1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) CHARLES	(Charles		ooddoodr.)	2. DATE OF DEATH O4 15	199 [YEAR	3. TIME OF DEATH 4:00 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	s. BIR	THPLACE (State or Foreign
213-68-8755 9a. FACILITY NAME (If not institution, give	1 x M 2 □ F 23	YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 2 11	68 Mai	ryland
	AT CONTRACTOR		9b. CITY, TOWN OR LOCATION OF DI		9c. COUNTY OF	DEATH
1058 ARGYLE A	VENUE (STAIR	WELL)	BALTIMORE CI	ΓY		
10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
New York Que	ens	Far	Rockaway			1 X YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
159 A E. 26t	h Street		11691		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico		or No — 14. RA	CE — American Indian, ick, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 YES ZX NO Specifi		Sp	ecify:
15. DECEDENT'S ED	UCATION	18a. DECEDENT'S US	SUAL OCCUPATION	18b. KIND OF BUS	I SINESS/INDUSTRY	Black
(Specify only highest grad Elementary/Secondary (0-12)			rk done during most of working			
Elemental y/Secondary (0-12)	conege (1-4 or 5+)	Buildin	g Maintenanc			
17. FATHER'S NAME (First, Middle, Last)		11111111111		AME (First, Middle, Maiden	Surname)	
Charles E.	Dodd, Sr.		Linda	Downey		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rural		n, State, Zip Code)	21217
Charles E. Dod	d, Sr.	1004	Woodyear St.	Baltime:	re. Mai	
20a. METHOD OF DISPOSITION 1 🔂 Buriel 2 □ Cremetion 3 □ Re		Ob. PLACE AND DATE O	OF DISPOSITION (Name		CATION — City or	
4 Donation 8 D Other (Specify)		of cemetary, crematory of Western		VA /23/91	Catoms	zville Md
21. SIGNATURE OF FUNERAL SERVICE L	1/		Star Cemeter 22. NAME AND ADDRESS OF FA	VCILITY 63	R NI C	ilmor St.
Derry &	Erris		Leroy Harri			nore, Md 2
23. PART i. Enter the diseeses, D	complications thet caus	ed the desth, Dp np				Approximate
shock, or heert failure	. List Dnly one cause Dn	esch line.				interval Between Onset and Death
disesse or condition	Glivelt	OF 11.12	111/h 02=11=	20		
resulting in desth)	DUE TO (OR AS	A CONSEQUENCE OF):	UND OF HE	,,,,,		1
Sequentieily list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
CAUSE (Disesse or Injury	c					
that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
	d					
PART ii. Other significent condition	ons contributing to death	but not resulting in	the underlying cause given in	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS
				PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						FYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	heck only one)		AAEA ABAWI
XX YES 2 NO	HOSPITAL:	utpatient 3 DOA	OTHER: I □ Nursing Home 5 □ Residence	eXXother (Specify) S	TAIRWELI	L) 1058 ARGYLI
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW		AVENUE
1 Natural 5 Pending 2 Accident Investigation	0/ 15	1991 3:50	AM 1 □ YES XX NO	GUNSHOT	WOUND TO	HEAD
3 Suicide s Could not b	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, str pecify)	reet, factory, office	28f. LOCATION (Street City or Town, State	and Number or Run	al Route Number,
4 Homicide determined			MENT BUILDING		GYLE AVE	ENUE
	SICIAN: To the best of my kn	owledge, death occurred	at the time, data and place, and du	e to the cause(a) and ma	nner as stated.	
anal /	NER: On the basis of examine	tion and/or investigation.	, in my opinion, death occured at the	e time, date and place, ar	nd due to the caus	e(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER		29c. LICENSE NU	IMBER	29d. DATE SIGN	ED (Month, Day, Year)
Mounis	neyfrell	un	OCM	E	▶ 04	15 1991
30, NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type 5				

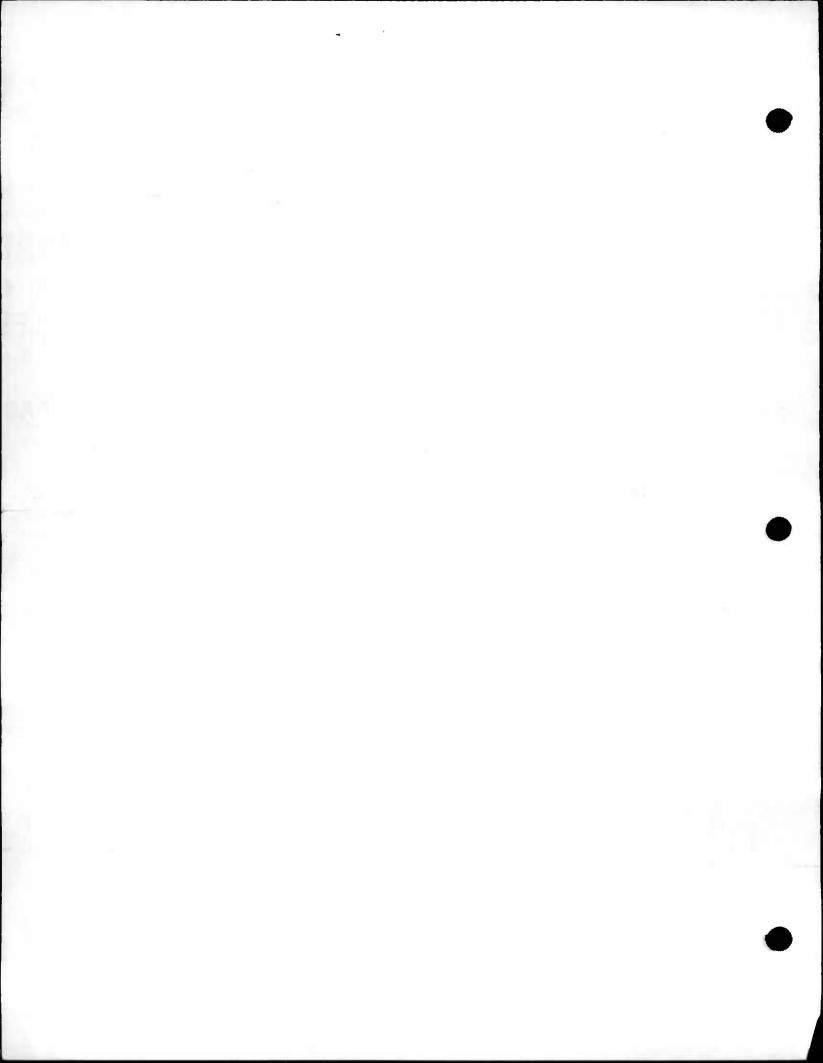
111 PENN STREET

BALTIMORE, MARYLAND 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 and after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PITA	ERAI	n 72	1.1
HQS.	FUN	with	TAN
포	뿔	pal	OR
2	6	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	×

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN REG. NO		11080	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	V VE	3. TIME OF DEATH	
	CATHERINE 4. SOCIAL SECURITY NUMBER	DECHAMPE 5. SEX 6. AGE (1)				7. DATE OF BIRTH	1 9	I 24 M M	
	172011808	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DNTHS DAYS	HOURS MIN.	(Month, Day, bee) 9-27-13 Baltimare			
	9a. FACILITY NAME (If not institution, give			b. CITY, TOWN	R LOCATION OF DE				
DIRECTOR	Harbor Ho	spital Cent	er	Balto	.City,M	ld.			
ទួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY .	10c. CITY,	TOWN OR LOCAT	ION			10d. tNSIDE CITY	
뚬	Pa. Dil	1sburg	,					1 YES 2 NO	
¥.	10e. STREET AND NUMBER				. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	272 Camp	Ground Rd			7019	IC ORIGIN? (Specify Ye		RACE — American Indian,	
BY FU	1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XIXMO	If yes, sp	ecity Cuben, Mexical 2 NO Specify	n, Puerto Ricen, etc.)	14.	Black, White, atc. Specily: White	
	15. OECEOENT'S EOU (Specify only highest grad	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use		st or working				
M M	12th.Grade		Clerk		I		ral Go	ov't	
	Thomas	T.y	nch		Anni	ME (First, Middle, Maiden E •		niells	
BE	19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street		Route Number, City or Tox			
임	Robert J.DeCha	nmplain				d.Dillsb			
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rer	moval from State	PLACE OF DISPOSIT	TON (Name of ce	metery, crematory or	20c. LC	cation — city a mpHi	· ·	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		JIIIII G		ND ADDRESS OF FA		o.Md.		
200	* Daniel	a. May	los	McC	ully Fu			D E.Fort Ave	
	23. PART i. Entar the diseases, or shock, or haert feliure	complications that caused. List only one cause on e	tha deeth. Do no	t enter the mo	de of dying, euc	h as cardiac or reap	iretory arreat	, Approximate interval Between	
	IMMEDIATE CAUSE (Fine)	DUE TO (OR AS A DUE TO (OR AS A		y Fa	ilure.				
	resulting in death)	a. DUE TO (OR AS A	CONSEQUENCE OF)	9	0 -		-	_	
z	Sequentially list conditions,	. Chronic	Obstruc	tille	Pulmon	ary Drs	are c		
ATIC	if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	Em	physen	a.		İ	
FIC	CAUSE (Disease or injury that initiated events	C	CONSEQUENCE OF)		' 0				
CERTIFICATION	resulting in deeth) LAST	d							
	PART II. Other significent condition	ona contributing to death b	ut not reaulting in	the underlying	g cause given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS	
CAL		_				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								OF DEATH?	
ž									
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)			
1YS	1 TYES 2 NO	1) Inpatient 2 - ER/Outp	etlant 3 DOA 28b, TIME		JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	REO	
	1 Natural 5 Pending trivestigation	(Month, Day, Year)	ULNI		ORK?				
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJURY	At home, farm, at	reet, factory, offi	ce	261. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	ledge, death occurred	at the time, dat	e and place, end due	to the cause(e) and m	inner as stated.		
OME	ama)	NER: On the basis of exemination	n end/or Investigation	, in my opinion,	death occured at the	time, date end place, e	nd due to the c	euse(s) end menner ee stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ER had to			29c. LICENSE NU	MBER	29d. OATE SI	IGNED (Month, Day, Year)	
TO B	Kanyoh K. Ke	ien, M.D.					14-	21-41.	
_	80. NAME AND ADDRESS OF PERSON W	110.1	ATH (ITEM 27) (Type,	tal Co	nter, B	altimo	c, n	ID.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							



3. TIME OF DEATH

11:20

PM

1. DECEOENT'S NAME (First, Middle, Last)

KAThERINE

PANE

2. DATE OF DEATH

13

04PNTH

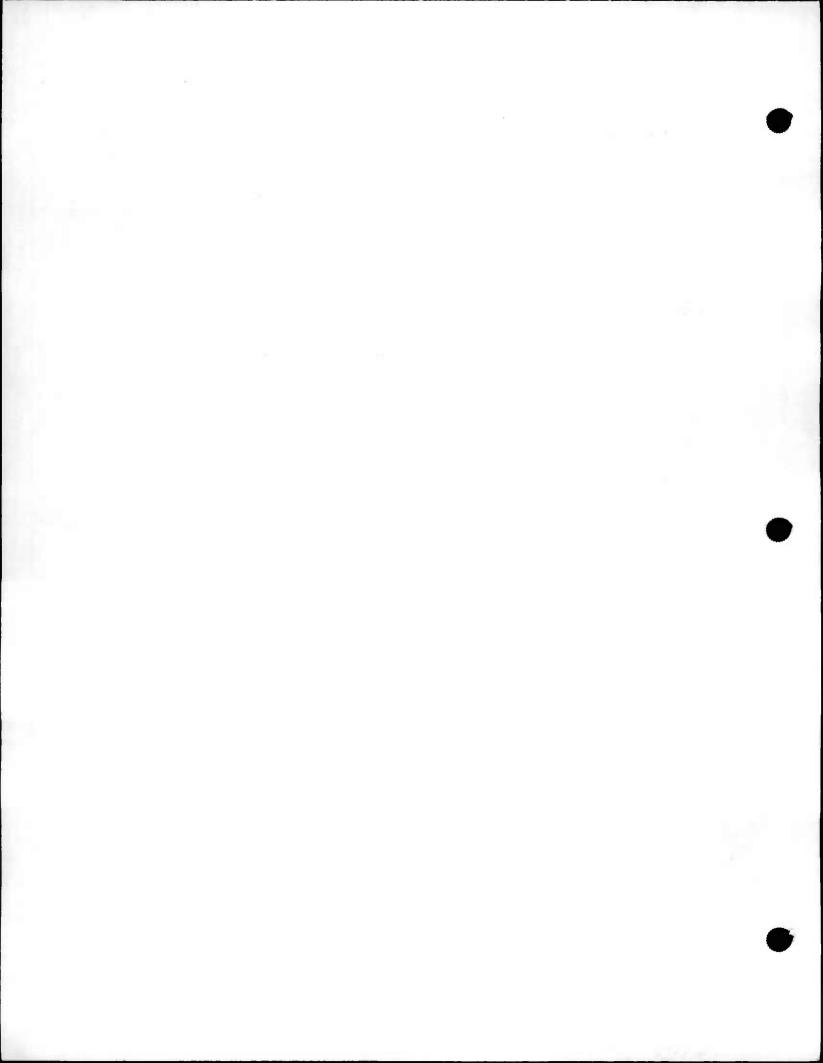
1	1	2	
S, BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit pe	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
314	cuted	поэ р	urial,
×	be exe	ian an	or to b
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ON	NG PH	fter this	eath wr
SIO	TENDI	DR: A)	ifter de
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR AT	DIRECT	hours a

4. SOCIAL SECURITY NUMBER 577-48-4869 7. DATE OF BIRTH 5. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. O 7 76 DAYS (Month, ^rKentucky 1 🗌 M 2 🎮 F 14 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Laurelwood Nursing Home Elkton. Maryland DIRECTOR Cecil RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Cecil Elkton 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 100 Laurel Drive 21921 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 XNO Specify: Never Married 2 Married Specify: Black ΒY Widowed 4 Divorced ED 18a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EOUCATION 18b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp H Elementary/Secondary (0-12) College (1-4 or 5+) Government COMPLI Medical Librarian notified at once. 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Melden Surname) Will Taylor Maude Elliott BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Lane 8910 Keewatin Rd/Lanham, Md 20706 þe 20g METHOD OF DISPOSITION 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) examiner must Harmony Memorial Park Landover, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY J.B. Jenkins Funeral Home Um me 7474 Landover Rd/Landover, Md 20785 medical 23. First I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Batween Onset and Death IMMEDIATE CAUSE (Firlal the diseese or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) item 23 shows any injury, or other traumatic event, PORTIC + Mitral insulfuency PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING NTN **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST MULTI-INFARCT CUA 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Rasidenca 8 ☐ Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending Investigation 1 YES 2 NO THE HOSPITAL OR ATTA.

**NEFAL DIRECTOR: Ana.

72 hours after death BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, alc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide detarmined 29a, CERTIFIER 1 _ CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DID be filed within 72 ho 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 296. SECHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 ISON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Randella DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGIST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

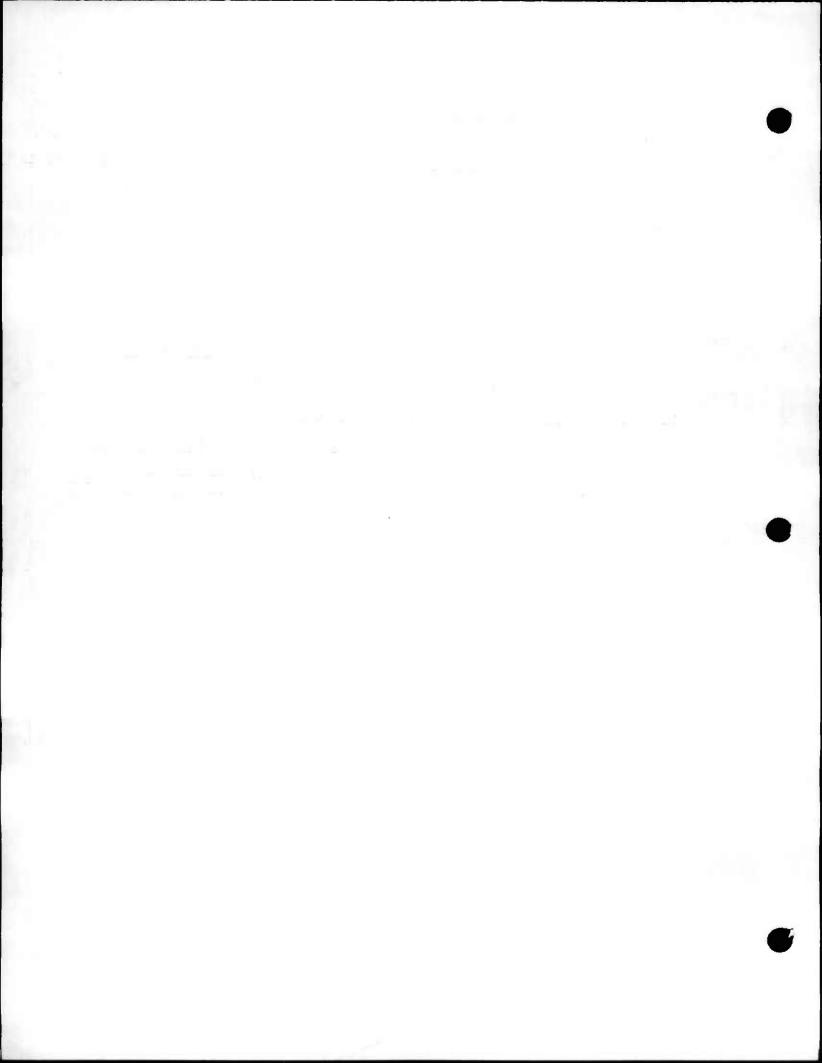
	nEdia Inan				ONIL		D=71	.,	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	BENJAMIN	FRAN	KLIN	EME	NHE	ISER		2. DATE OF DEAT	H	YEAR	3. TIME OF OEATH
	Benjamin Eme								4		1	8:05 A.M.
	4. SOCIAL SECURITY NUMBER		E (In yrs. las	l birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTI	1	a. BIRT	HPLACE (State or Foreign
	214-40-7290	214-40-7280 1 X 2 F X 93 YRS. MONTHS DAYS HOURS MIN. 3-31-98					PA	70 7 1				
	9a. FACILITY NAME (If not institution, give s		93	1	OL CITY	TOWAL	OR LOCATIO	W OF DE			OUNTY OF	
~										9C. C		
DIRECTOR	Union Memorial	Extended	Care	e Uni	Lt		Balt:	imo	re		N	/A
5				10c, CITY		D 1 000	TION					10d, INSIDE CITY
E	Margrand											LIMITS?
	MD	N/A		Ba	lti	mo	re					1X YES 2 NO
A	10e. STREET AND NUMBER					10	of. ZIP CODE			10g.	CITIZEN OF	WNAT COUNTRY?
EB	10 Longwood Re	oad					2121	0		1	USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. V	NAS DE	CENDENT O	F HISPAN	IC ORIGIN? (Speci	y Yea or No-	- 14. RAG	CE — American Indian,
正	1 Never Married 2 Married	FORCES? 1XXYE	S 2 N	10			pecify Cubar S 2 X NO	Nexica: Specify	n, Puarlo Rican, ate	i.)		ck, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	WÏ		Ι,		S Z IO NO	эресну			Spe	White
	15, DECEDENT'S EDU		-	CEDENT'S L	ISUAL OC	CUPAT	ION		18b. KIND O	F RUSINESS	/INDUSTRY	
	(Specify only highest grade	completed)	(G	ive kind of w	ork done a	during n	nost of worldn	g	1001 11110			
ן ב	Elementary/Secondary (0-12)	Collage (1-4 or 5+)							D = 1		0:	
M		4		Tea	ache:	r	,			Ltimo		Ly
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ther	ME (First, Middle, M	siden Surnan	16)	
BE (Franklin Eme	enheiser					Da	ăüdl	itery			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street			loute Number, City of	r Town, State	, Zip Code)	
2	Elizabeth Keperl	ing	PC	Box	406	Fai	rfiel	d Pe	nnsylva	nia l'	7320	
	20a. METHOD OF DISPOSITION		_				emetery, crem			c. LOCATION		
	XXBurial 2 - Cremation 3 - Ram	oval from Stata	other pla	ace)				atory or				
	4 Donation 5 Other (Specify)		Loudo	on Pai						altim	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENGEE VO	ah.	•	22. 1	NAME /	AND ADDRES	S OF FAC	itchell	-Winds	ofold.	Homo
	Dennis Olya	ranjen	ayer	9		= 00						
_	Dennis Steph	nen Kenakis			6	500	York	Koa	d Balti:	more,	Mary	land21212
	23. PART i. Enter the diseeses, or shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)				Om	ule III	- cv	is.	Mici	·	errest,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
7	PART ii. Other significent condition	ne contributing to deal	but not r	resulting is	the un	pertyl	ng ceuse g	given in	Part I. 24a. W	S AN AUTOF	SY 24	b. WERE AUTOPSY FINDINGS
MEDICAL		- V							PE	RFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ō	l -		-						— ¹ □ Y	ES 2 NO	2	OF DEATH?
M									_			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26.	PLACE OF D	EATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL: 1 ☑ Inpatiant 2 ☐ ER/O	utpatient 2	B DOA	OTHER		me s □ n-	aldanas	6 Other (Specifi	4		
≚	27. MANNER OF DEATH	28a. DATE OF INJUI		28b. TIMI			NJURY AT	reidenca	28d. DESCRIBE		OCCUPED	
à	1 Natural 5 Pending	(Month, Day, Yes		INJI	JRY	٧	VORK?		28d. DEŞCHIBE I	IOW INJURT	OCCUMED	
ВУ	2 Accident Investigation				М	1 _	YES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJI building, etc. (5	JRY — At he	ome, farm, a	treet, fact	ory, of	fice		28f. LOCATION (S City or Town,		mber or Rura	l Route Number,
IE	4 Homicide datarmined		, , , , ,						ony or rown,	0.0107		
Ш	29a, CERTIFIER											
COMPLETED	and and	ICIAN: To the beat of my ki										
ō	2 MEDICAL EXAMIN	ER: On the basis of examina	ation and/or	Investigation	n, in my o	plnion,	death occur	red at the	time, data and pla	ce, and dua	to the cause	e(a) and menner as stated.
	294. SIGNATURE AND TITLE OF CERTIFIE	R /) ///		-		1	29c. LICE	ENSE NUI	ABER	29d.	DATE SIGNI	ED (Month, Day, Year)
BE	(M.12 m	4111		MI	X	/	11)0	18	13	•	411	7/9/
2	30. NAME AND ADDRESS OF PERSON WI	NO COURT TO STATE OF	M	11/			IV	1 0			7//	////
_	30. NAME AND ADDRESS OF PERSON WI	1 - 1.	DEATH ITE	M 27) (Type;	Print)	.1	1	7	141	5	11	V 0
	MILLEDMINITT	lesey M	March	600	NON	4	rem	1h	W4 W.	15a	040	110/21210
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE					A. 1	11			
	ADD 0 4 1001	10.	V43									1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89



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medical examiner

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	3	E	0	Ne.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the n

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR SARY 1991 APRIL 2:10 Am 7. OATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 X M 2 | F PARY bo 2006 JAn. AGE 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALT FACTORY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ARYLAND AR 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE FACTO 21037 DAC 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

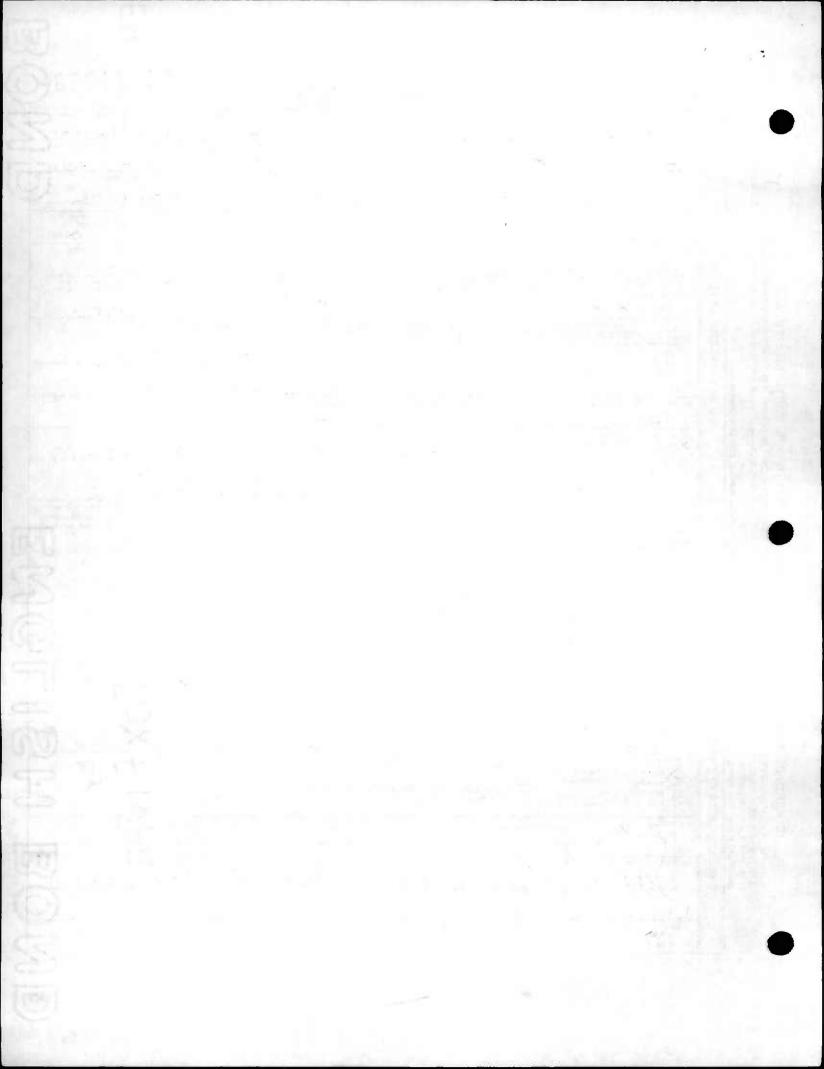
1 ☐ YES 2 ☐ NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY Elementary/Secondery (0-12) College (1-4 or 5 +) 12YRS DRY J. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) NJAMI BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AM 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 □ Cremetion 3 □ Removal from State DATE 17 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
EVANS CHAPLIOF wiss 800 HARFORD ROAD ARKVI 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta interval Batween shock, or heart failure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Finei** disease or condition eval OUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) Heart Fried 110 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, laeding to immediate 11 < ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION DF CAUSE 1 YES 2 NO 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Reeldence 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending 1 YES 2 NO В Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) end menner es stated. end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner es stated.

> CETED CAUSE OF BEATH (ITEM 27) (Type, Print) STRIC

32. REGISTRAR'S SIGNATURE

OHMH-16 Ray 1/89

29d. DATE SIGNED (Month, Day,



ck

TO BE

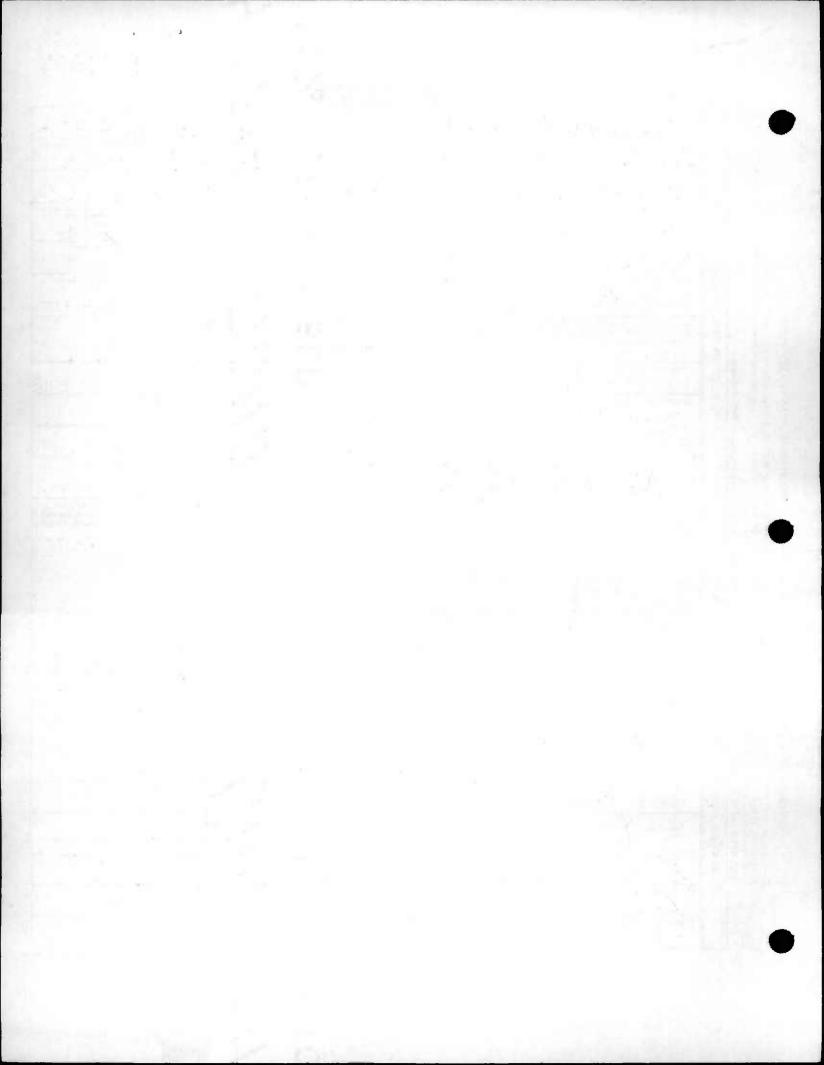
	1 - FOR STATE OF M	MARYLAND / DEPAR	TMENT OF HE		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	0++		T.E.	2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH 5 2 Am
	4. SOCIAL SECURITY NUMBER! 5. SEX 1 PM 2 PF	6. AGE (In yrs. lest birthday) YRS.		F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	Sa. FACILITY NAME (If not institution, give street and number) MUCHY A (CIL) CUNCR RESIDENCE OF DECEDENT		BULTO	mp 2	1202	9c. COUNTY	OF DEATH
	10a. STATE 10b. CONTINUE	10c. CIT	Y, TOWN OR LOCATION	or Ci	ty		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	502 E. Randall	2 Street	101. Z	123	0		OF WHAT COUNTRY? SA
ĕ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDEN FORCES? 1 15. YES, GIVE W. W. W. 2	IT EVER IN U.S. ARMED ☐ YES 2 □ NO MAR OR DATES		fy Cuban, Maxican	C ORIGIN? (Specify Yes , Puerto Ricen, etc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION work done during most	of working	16b. KIND OF BUS	INESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5-11 th.Grade	He. Do NOT u	er Carri		Post	al Se	rvice
ŏ	17. FATHER'S NAME (First, Middle, Last)		1	a. MOTHER'S NAM	ME (First, Middle, Malden	Sumame)	_
ш	John L.	Ellioti	t	Tabi	tha	Α.	Fischb
0 8	19a. INFORMANT'S NAME (Type/Print)				oute Number, City or Town		
-	Mrs.Patricia A.Ellic				.Balto.M		
	20a. METHOD OF DISPOSITION 1 Contain 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	206. PLACE OF DISPO officer place) Md. Vet, (cemt.Cro	wnsvil	le Cr		or Town, State ille, Md.
	21. SIGNATURE/OF PUNERAL SERVICE LICENSEE	aylor	22. NAME AND	ADDRESS OF FAC	Bal		.21230 E.Fort Ave.
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one car iMMEDIATE CAUSE (Final disease or condition	at Eaused the death. Do use on each line.	1	,	aa cardlac or reapi	ratory arrest	Approximate interval Between Onset and Death
z	F. V	OR AS A CONSEQUENCE O	1/4 for				
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQUENCE O	P):				
CERTIFICATION	that initiated events resulting in death) LAST	(OR AS A CONSEQUENCE O	F):				
MEDICAL CI	PART II. Other significant conditions contributing to	death but not resulting	in the underlying o	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL					,	1 TES 2 NO
Ö	EXAMINER? HOSPITAL:	Tener will a Class	OTHER:	E OF DEATH (Che			
¥		ER/Outpetient 3 DOA INJURY 28b. Till	4 Nursing Home #E OF 28c. INJUR		6 ☐ Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	FD
	27. MANNER OF DEATH 1 Natural 6 Pending 4/20		JURY WORK	70 00	Soon to		,
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE 0 building	OF INJURY — At home, farm, etc. (Specify)			281. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
OMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of control of the best of the						suse(a) and menner as stated.

Julia Savidson-Randale

WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print)

APR 2 4 1991 Ju

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAH			SKIIF	CALE	UF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Las Minnie	W. Elli	s					2. DATE OF DEATH	20 19	91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	ER 1 YEAR OF UNDER 24 HRS. 7. DATE OF BIRT			A. BIRTHPLACE (State or Foreign		
- 7	241 40 3009	241 40 3009 1 M 2 Tot 85 YRS.				DAY8	AYS HOURS MIN. (Month, Day, Year) May 4, 1			Count	N.C.
- 4	9a. FACILITY NAME (If not institution, give street and number)					TOWN (OR LOCATION OF D			INTY OF D	
<u>E</u>	308 Leeann Rd.					sex					imore
DIRECTOR	RESIDENCE OF DECEDENT				See Supple	000	-		1	Del T. C	шоге
Ä	10s. STATE 10b. COUR			10c. CIT	Y, TOWN O	R LOCAT	TION				10d. INSIDE CITY LIMITS?
1	N.C. Jo	hnston	Bense	n					YES 2 NO		
A	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?		
EB	109 Railroad St.						27504			U	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. AF	RMED				NIC ORIGIN? (Specify Ye	s or No-	14. RAC	E — American Indian,
	1 Never Married 2 Married	FORCES?	NAR OR DATES	NO	1	yes, sp	ecify Cuban, Mexic	en, Puerto Ricen, atc.)		Spec	ck, White, atc.
B	3 Wildowed 4 Divorced									,,,,,	WILL DE
	15. DECEDENT'S Et (Specify only highest gra		18e. DE	ECEDENT'S	USUAL OC	CUPATI	DN pet of worklag	16b. KIND OF BL	JSINESS/IN	DUSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5					ost of working			Ti	
린	10			wner-	- Ope	FRU	of.		Roomi	ng n	louise
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	17000						AME (First, Middle, Maider	-		
BE	Labon	Williams	on				Em	ly Julia	Dav	is	
	19a. INFORMANT'S NAME (Type/Print)		19					Route Number, City or Tox			
6	Julia E. Raynor	, Daughte:	r	308	Leear	in A	ve. Bal	timore, M	i. 21	221	
	20e, METHOD OF DISPOSITION 1 A Burial 2 Crematton 3 Re		20b. PLACE	AND DATE	E OF DISP	SITION	(Name		DCATION -		
	4 Donation 5 Other Specify)	imoval from State	Rosw	TOWN!	Cane	ter	y	4/23/91 I	Benso	n. N	.C.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-	-	-22.	NAME A	ND ADDRESS OF F	ACILITY	-		
- 11	* Dechares	-	They					Funeral H			
	7/		//				Easter	Ave. al	Lto.,	Md.	21221
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory errest, shock, or heert fellure. Let only one educe on each line.										
	IMMEDIATE CAUSE (Fine)										
	disease or condition							MMGD.			
		DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions b.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	CAUSE (Disease or injury	с									
TF	that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):						į į
E	resulting in deetin EAS!	d									
	PART II. Other aignificent condit	one contributing to	deeth but not	resulting	in the un	derivin	a cause aiven i	Part I. 24a, WAS A	N ALITOPSY	24	b. WERE AUTOPSY FINDINGS
CA					0.0 41.		g outdoo given i	PERFO	RMED?	- "	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL				-				1 YES	2 NO		OF DEATH?
Σ											1 YES 2 NO
ÿ											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEATH	theck only one)			
YSI	1 TYES 2 NO		☐ ER/Outpatient	3 🗆 DOA			ne 5 Rasidence	8 Other (Specify)			
H	27. MANNER OF DEATH	20s. DATE O (Month,	F INJURY Day, Year)	26b. TIN	IE OF JURY		JURY AT ORK?	28d. DESCRIBE HOW	MURY O	CCURED	
ВУ	1 Natural 5 Pending 2 Accident trivestigatio				М		YES 2 NO	11 2			
	3 Suicide 8 Could not i	28e. PLACE building	OF INJURY - At h	ome, farm,	street, fact	ory, offi	:0	20f. LOCATION (Street City or Town, State		er or Rural	Route Number,
ᄪ	4 Homicide determined		,,,					ony or lown, class	-/		
۳ ا	29a. CERTIFIER 1 CERTIFYING PH	YStCIAN: To the best of	of my knowledge, d	eath occurr	ad at the t	ime dat	and place, and di	re to the cause(s) and m	anner en el	stad	
COMPLETED	onel										(a) and manner as stated.
S	295. SIGNATURE AND TITLE OF CERTIF								_		
BE	Share AND THE CENT	A - AA	14.	N			29¢ LICENSE N	34 7	29d. D/	TE SIGNE	D (Month, Day, Year)
5	SWW /	V VXXV	VN	1	(1)1/	11/		7 -	211
	30. NAME AND ADDRESS OF PERSON	MAN COMPLETED CAL	USE OF DEATH (ITE	A 1		DA.		co 11-00.	D./	0 4.	~ ~
1	>16/5/ 1.	111/200	My	70	0/1	MM	IKLIN.	JUINOSPI	17h	17/16	TO MD 21237
	31. DATE FILED (Morith, Day, Year)	10 4 10	AR'S SIGNATURE	duse					1		
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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME			MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Li	Herbert Stanley Fir	negán 🚣	Al		2. DATE OF DEATH	ĭ - ?**	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215–03–3408	5. SEX 6. AGE (In yrs. let	yrs. WONT	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 4/07/0		BIRTNPLACE (State or Foreign Country) Maryland	
TOR	Palto. Co. General RESIDENCE OF DECEDENT	Hosp.	9b.	Randall	stown	EATH	9c. COUNTY Baltin	ore County	
FUNERAL DIRECTOR	10e. STATE 10b. COM		10c. CITY, TO	WN OR LOCATION Pikesvi			10d. INSIDE CITY LIMITS? 1 YES 2 NAO		
ERAL	100. STREET AND NUMBER 602 Glenrock		101.	10g. CITIZEN	OF WHAT COUNTRY? U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NO T	13. WAS DECE If yes, spec 1 YES :	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify: Under, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American I Black, Whita, atc. Specify: Calloas.					
COMPLETED	15. DECEDENT'S (Specify only highest g	rade completed) (0	ECEOENT'S USUA Give kind of work d b. Do NOT use retir	fone during most red.)		166. KIND OF BUI	ane "	Transfer	
BE CO	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surmame) Cordon Finnegan Lillian May								
70	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Ruby Finnegan 602 Glennock Road Pikesville Marryland 21208								
	20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cr								
	21. SIGNATURE OF FUNERAL SERVICE	22. NAME AND ADDRESS OF FACULTY Loring Byers Funeral Directors, Inc 2113 8728 Liberty Road Randallstown Maryland					tors, Inc 21133		
	23. PART I. Enter the diseases, shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that caused the dure. List only one cause on each line. Medias factorists DUE TO (OR AS A CONSE	Canc	er of	e of dylng, suc	h ee cerdlec or reepl	ratory errest	, Approximete Interval Between Onset end Deeth	
CERTIFICATION	Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING								
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
MEDICAL C	PART II. Other significant cond	itione contributing to death but not	resulting in th	e underlying	ceuse given in	Part I. 24a, WAS AN PERFOI 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL/	ACE OF DEATH (C)	reck only one)			
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 M Inpatient 2 ☐ ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	20b. TIME OF	28c. INJU WOF	RY AT	ence 6 C Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED			
TED BY	2 Accident investigat 3 Suicide 6 Could not 4 Nomicide datermine	26s. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street			281. LOCATION (Street City or Town, State)	OCATION (Street and Number or Rural Route Number, ty or Town, State)		
COMPLETED	and and	HYSICIAN: To the best of my knowledge, d						euse(s) and menner as stated.	

29c. LICENSE NUMBER

841

TO BE

29b. SIGNATURE AND TITLE OF CERTIFIER

APR 23 1991

RSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ng wiD

21133

29d. DATE SIGNED (Month, Day, Year)

Randallston



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DIVISION OF VITAL RECORDS, P.O. BOX 13146

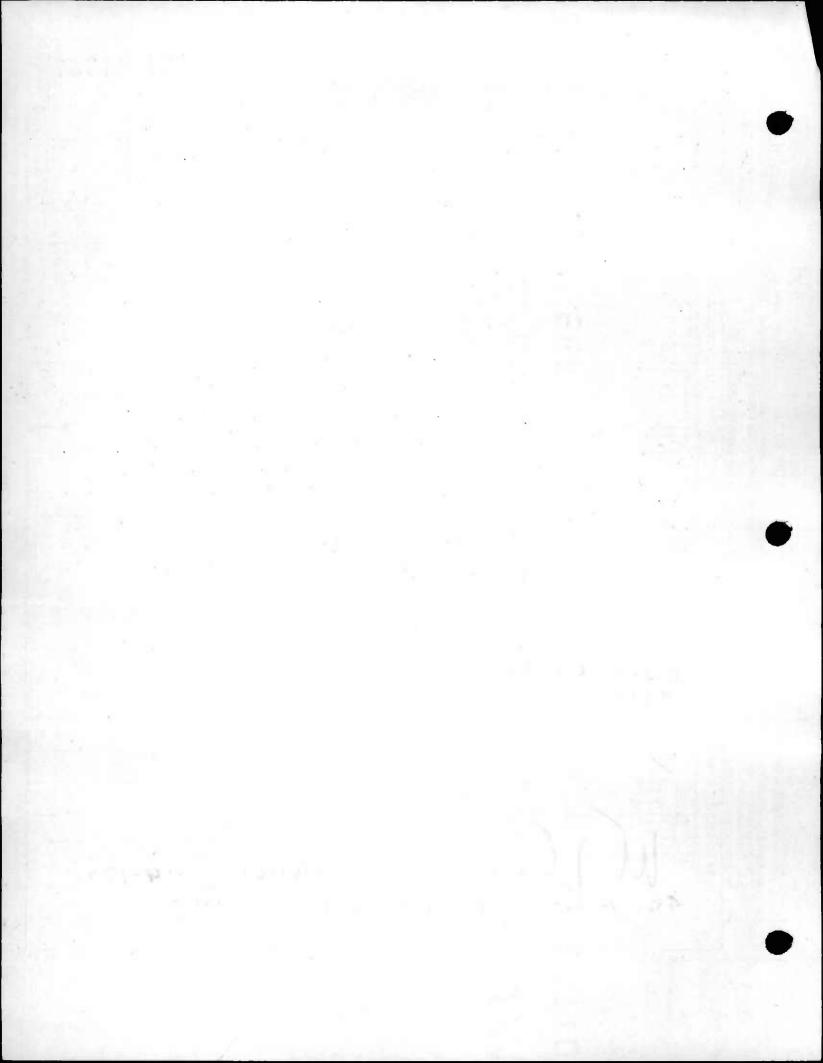
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEA	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	200				2. DATE OF I	DEATH	EAR 3.	IME OF OEATH		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1. OSh in O + ON D					
	11-1 (1-0/00)								ington DC		
5	96. FACILITY NAME (If not institution, give street and number) Manor Care Largo RESIDENCE OF DECEMENT 96. CITY, TOWN OR LOCATION OF Largo, Mc						Prin	CP (seorge		
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Prince George Forest Ville								INSIDE CITY LIMITS? YES 2 NO		
	10e. STREET AND NUMBER						10g. CITIZEN				
UNEKAL	313 Fron F	orge Ro	sad		2074	17	U.	J. F	7		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DÉCEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DEC If yes, sp. 1YES	ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specify	n, Puerto Ricer	pecify Yes or No. 14. n, atc.)	Black, Wi	American Indian, lite, etc.		
	15. DECEDENT'S EDUCATIOn (Specify only highest grade com	ON pleted)	16a. DECEDENT'S ((Give kind of w	ork done during mo	N st of working	16b. KIN	D OF BUSINESS/INDUS	TRY	LCII		
COMPLEIED	Elementary/Secondery (0-12) Co	ollege (1-4 or 8+)	LAM	e mai	lor	N/A					
5	17. FATHER'S NAME (First, Middle, Last)	1	7,077	FILE	18. MOTHER'S NA		e, Malden Surname)				
DE.	Kichard C	pence			Bess		Holme	5			
2	19e. INFORMANT'S NAME (Type/Print) Lorraine Fra	nklin	1313 I	ron For	nd Number or Rural I	restvi]	City or Town, State, Zip Co Lle,Md 207	47			
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 4 Doneston 5 Other (Specify) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENS		0			_	Funeral 1	-			
	Dunner 6	Deals	4	7474	Landover	Rd/La	andover, M	1 207	85		
	23. PARTY. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or bear failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE IF hall disease or condition	Court	w h	- 1 t	ساك				Onset and Death		
	resulting in death) s	resulting in death) Duy To tell At A CONSEDUENCE OF):									
2	Sequentially list conditions, Due to LOR AS A CONSEQUENCE OF:										
5	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST										
2											
CAL	PART II. Other algnificent conditions of	ontributing to death bu	t not reaulting i	n the underlying	g ceuse given in		I. WAS AN AUTOPSY PERFORMED?	AW	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE		
TED I	1 YES 2 NO							1	DEATH?		
BY PHYSICIAN: MEDI	1					- Andrews					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpetlent 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify)										
Ë	27. MANNED OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b, TIMI	E OF 28c. INJ	e 5 Residence URY AT RK?		BE HOW INJURY OCCUP	URED			
2	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	res 2 No						
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, s fy)	street, factory, offic		261. LOCATIO	ON (Street and Number or own, State)	Rural Route	tural Route Number,		
MPLE	29e. CERTIFIER (Check only one)										
	2 MEDICAL KAMINEA: 0	the basis of examination	end/or investigatio	n, in my opinion, c	eath occured at the				onth, Day, Year)		
DE C	V V V	us			225	61	D 4	-17	-9 (
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	- 1	han	mal	20706	, ,			
	31. DATE FILED MONTH DOWN WINDS 1	32. REGISTRAR'S SIGNA	TURE								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the hospital or attending physician.

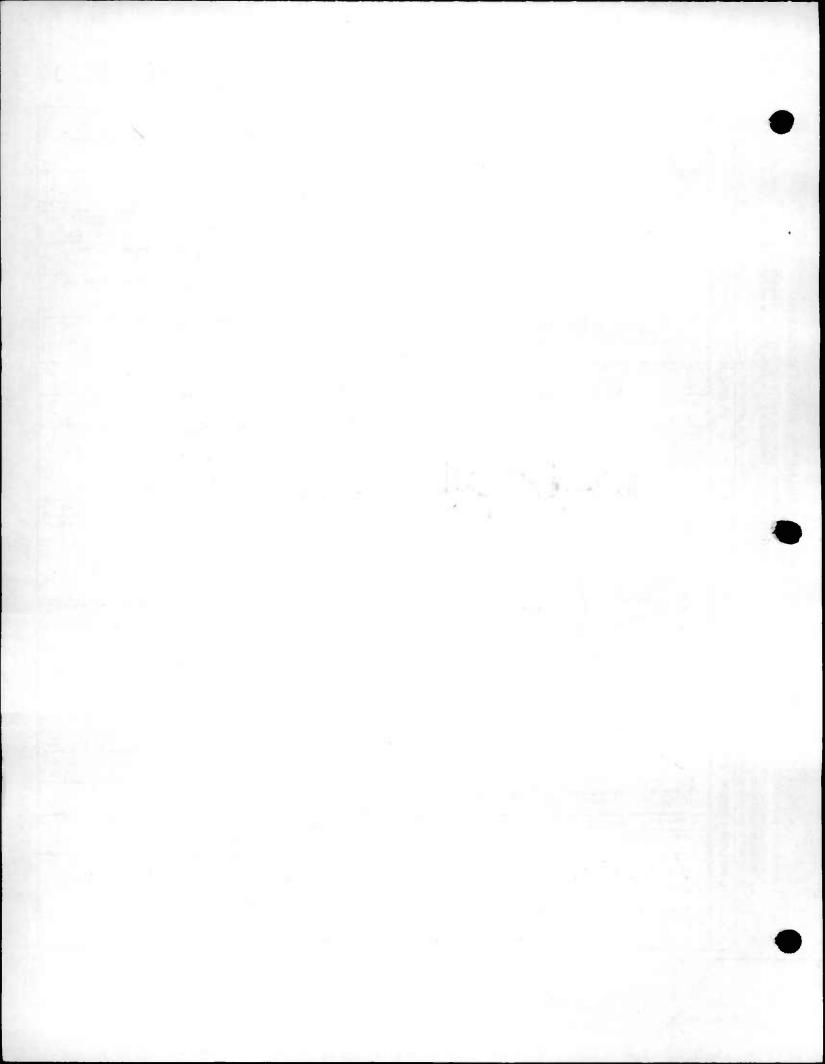
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Priges 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) APR 2 4 1991

32. REGISTRAR'S SIGNATURE

10 1	e, Last)	Charles	M. I	Funk Sr			2. DATE OF DEATH	DAY	YEAR	3. TIME	OF DEATH
Charles	1	una			_		4 22		Total	1	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	vas.	MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	3/1-	Coun	rery)	State or Foreign
9a. FACILITY NAME (If not institution		87	yns.	OL OUTY TOWN	00.10017	201 05 05	12/2	703	Marylan 9c. COUNTY OF DEATH Baltimore 10d. INSIDE C LIMITS? 1 □ YES 2 10g. CITIZEN OF WHAT COUNTRY United States or No- 14. RACE — American In Black, Whita, sic. Specify: Whit NESS/INDUSTRY Sumame) Weitzel State, Zip Code) 12. State, Zip Code) 14. RACE — American In Black, Whita, sic. Specify: Whit Sumame) Weitzel State, Zip Code) 12. State, Zip Code) 13. State, Zip Code) 14. State, Zip Code) 15. State, Zip Code) 16. State, Zip Code) 17. Sumame) Weitzel 18. State, Zip Code) 19. State, Zip Code, Zip Co	land	
Manor Care				98. CIT, IOWN							0
RESIDENCE OF DECEDE					Towson Baltimore					е	
	COUNTY		10c. CIT	Y, TOWN OR LOC	ACTIVITY OF THE PROPERTY OF TH					10d. IN	SIDE CITY WITS?
Maryland Baltimore				Pâ	rkvil	le	1 - YES 2 X				ES 2 🕅 NO
10e. STREET AND NUMBER				,	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?						
2703 Linwoo							2123				
11. MARITAL STATUS 1 Never Married 2 Marrie	FORCES?	INT EVER IN U.S. AR		If yes, s	pecify Cuba	n, Mexicen	C ORIGIN? (Specify, Puerto Ricen, etc.	Yea or No-			rican Indian, atc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗌 YE	S 2 💢 NO	Specify:			Spe	icity:	hite
15. DECEDEN	T'S EDUCATION	16a, DE	CEDENT'S	USUAL OCCUPAT	ION		18b. KIND OF	BUSINESS/II	NDUSTRY		
Elamentary/Secondary (0-12)	st grade completed) College (1-4 or 1	Ho	Do NOT u	work done during n se retired.)	ost of working	ng					
11			Re	tired							
17. FATHER'S NAME (First, Middle, I					18. MOT	HER'S NAM	NE (First, Middle, Me	den Sumame,)		
Joseph	F.	Fui	nk			Anna	bell		Weit	zel	
19a. INFORMANT'S NAME (Type/Pri	-	19					oute Number, City or			711	
Myrtle E. Fu	nk)3 Linwo							21234
20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from Stala 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, Stata											
4 Donation 6 Other (Specify) Moreland Memorial Park 4/24/91 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 21214											
10.4	Milto	n J Knight	t Jr				Daiti			-	
mill	on I-M	uselle	5	Leon	ard J	I. Ru	ck, Inc.	530	5 Ha	rfor	d Road
23. PART I. Enter the diesas	es, or complications the	hat caused the de	ath. Do	not antar the m	ode of dy	ing, auch	ae cardlec or r	apiretory a	erreat,		pproximate
ahock, or heart failure. Lifet only one cause of each line IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Uncal herniat											nset end Daatt
resulting in death)	a. Unca.	ı nernıaı	clon		1						-4 wks
	a. DUE 1	O (OR AS A CONSE	OUENCE O							3-	
resulting in death)	b. Cere	o (or as a conse bral tum	ouence o	etastat	ic					3-	-4 wks
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Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Cere	o (OR AS A CONSE bral tum o (OR AS A CONSE	OUENCE O DUENCE O DCATO	netastat P: cinoma c		e Col	on			5	-6 mon.
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PART II. Other aignificent consulting in death) 25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNED-OF DEATH 1 Netural 5 Pendi Invest 3 Suicida 6 Could dalar (Check only 1 CERTIFYIN	b. Cere DUE 1 c. Stag DUE 1 d. DICAL HOSPITAL: 1 Inpetient 2 28a. DATE (Month, Inpetient 2 Inpetient 2 PLACE building the state of the sta	TO (OR AS A CONSEID OF INJURY — AI http://doi.or/10/10/10/10/10/10/10/10/10/10/10/10/10/	OUENCE O OCATO OUENCE O OCATO OUENCE O Tesuiting Tesuiting A DOA 28b. Till IN.	Detastat F): cinoma C F): In the underlyi 26. OTHER: 4 Nursing He RE OF 26c. II JURY M 1 street, fectory, offered at the lime, de	f the	DEATH (Chesseldenca (Part I. 24a. WA PEI 1 YE 1 DOCK only one) 6 Other (Specify, 28d. DESCRIBE H 28f. LOCATION (St. City or Town, St. City o	FORMED? S 2 NO NO NO NO NO NO NO NO NO NO	DCCURED ber or Rura	3. S. S. S. S. S. S. S. S. S. S. S. S. S.	—6 mon. 2+ mont. Autropsy findings BLE PRIOR TO ETION OF CAUSE THY ES 2 □ NO
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BALTIMORE, MARYLAND 21215-0020	The principle of the state of the season of	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fast, or hearth and Mental Hopiene price to burial, cremitation, or removal.	he medical examiner must be notified at once.
DIVISION OF THAT RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHY COURT TO THE ING SHART IS SHART SHIRTING THE BROCKER OF EMPORATION 2	TO THE FUNERAL DIRECTOR: After this comment has been agned by the attending physician and completely filled in by the fune, to filed within 72 hours after death with the State Dept, of Health and Mental Hopers price to build, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2191	
1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL						111089
	1. DECEDENT'S NAME (First, Middle, Last)							3, TIME OF DEATH
	RAYMOND		COOD	MAN				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE			IF UNDER 24 HRS.	7. DATE OF	BIRTH S	BIRTHPLACE (State or Foreign
	215-22-8126	1 1 M2 0 F 6	S YRS.		HOURS MIN.	9-	25-1925	BAITO my
<u> </u>	99. FACILITY NAME (If not institution, give str STREET-1900 BLOCK	·					9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT							
Ĭ,	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ON			10d. INSIDE CITY
1 5	monuloud		BI	2/1: m	20)			
	10e. STREET AND NUMBER	4	191				10a, CITIZE	
2	2201/120/6	· WAG	1+ 30		ウノムン		7	151
FUNERAL	LIUI WHIDM	10K FIVE,	HP1. 500	×	X/2/6	e .		113,171
2	11. MARITAL STATUS 1 Never Merried 2 Married	FORCES? 1 YES	N JI.S. ARMED					4. RACE — American Indian, Black, White, etc.
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES					Specify:
		ww.	11	<u> </u>				BIACK
E	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of wor	k done during mos		16b. Kil	ND OF BUSINESS/INDU	STRY
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	retired.)				
Ē								
COMPL	17. FATHER'S NAME (First, Middle, Last)	P			18. MOTHER'S NA	ME (First, Midd	die, Maiden Surgame)	مش
_	1 IINK	DOWN			man	h o	Thos	· (m)
BE	19e. INFORMANT'S NAME (Type/Print) ;	0	19h MAILING AL	ODBESS /Street or	od Number or Dural	Gourte Mumber	City or Young State 7to C	Topol .
2	Bra Lagatt	Cadman	D. a	.1 # 4		node womber	- 4 4 -	-4/5
	MITS: LORELIA	2000/11/19	FiDi Do	4630	117 DR	ONX	Ng. I	0465
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo				(Name	PATE	20c: LOCATION - CI	ty or Town, State
	4 Donation 5 Other (Specify)		Arrison	Forest	le Cen	126	12A110	. (b. 11d.
	21. SEINATURE OF FUNERAL SERVICE LICE	ENSEE	AT HEADER	22. NAME AN	D ADDRESS OF FA	OTUTY S.S	FUNER	Al Home
	N ashi -	1 0	COODMAN COO					
	rosim o	ri Mug	/1/	12223	2U,No	V/h/	tve. DA	10.7md21216
	23. PART I. Enter the diseases, or c	omplications that cause	d the death. Do not	enter the mod	de of dying, suc	h as cardiad	or respiratory arres	
- 1	IMMEDIATE CAUSE (Finel	Liet Only One Cause On t	Bacil IIIIe.					
	disease or condition	LETERIDOCI	ALLWOOD STREET BALTIMORE CITY 190_ CITY, TOWN OR LOCATION 190_ CITY, TOWN OR LOCATION 190_ CITY LIMINGS? 190_ CITY LIMINGS. 190_ CITY LIMINGS					
	resulting in death)			7 10 01	43CN PAI	- V 10	Chase	
		990 T. C. C.						į l
RTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF:					
F I	if any, leading to immediata cause. Enter UNDERLYING		A GONGE GOLINGE ON J.					į
	CAUSE (Disease or injury	DUE TO (OR AS	A COMPEQUENCE OF					
	that initiated events resulting in death) LAST	DOL TO (OH AS	A CONSECUENCE OF).					
		d						T:56 P M BIRTHPLACE (State or Foreign Courty) OF DEATH 10d. INSIDE CITY LIMITS? 1 VES 2 NO I OF WHAT COUNTRY? RACE — American Indian, Bisck, White, etc. Specify: TRY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO CONSTRUCT Interval Between Onset and Daeth 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO CONSTRUCT I YES 2 NO RURAL Flourity Number, Seuse(e) end menner ee stated.
- 1	PART II. Other significant conditions	s contributing to death	but not resulting in	the underlying	cause given in	Part I. 24	LE WAS AN AUTOPSY	24h WERE AUTOPSY EINDINGS
8					, canco given in		PERFORMED?	AVAILABLE PRIOR TO
						— [1]	YES 2 NO	
MED						_ '		1 TES 2 NO
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only one)	AND AND AND AND AND AND AND AND AND AND	
<u>ا</u> ۾	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out			5 Residence	off of Other /S	Specify) OFFD:	77 m
	27. MANNER OF DEATH	28a. DATE OF INJURY						
<u> </u>	1 Natural 5 Pending	(Month, Day, Year)	INJUF	WO WO	RK?			7762
BY	2 Accident Investigation	20- 81 405 05 11 115						
9	3 Suicide S Could not be	building, etc. (Spr	ocify)	eet, factory, office		28f. LOCATI City or	ON (Street and Number o Town, State)	r Rural Route Number,
	4 Homeste Getermined							
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the bast of my kno-	wiedge, death occurred	at the time, date	end place, and due	to the ceuse	(e) end menner es state	d.
Σ	and the second second							
8				The state of the s				
B	BIGHATURE AND TITLE OF CERTIFIER	Wall Cr) [21,122,000	
ا ق	Mund /-	BOUNT	M	- 4	OCM	Œ	▶04	21 1991
- 1			EATH (ITEM 27) (Type, P	rint)				
	MAKIO F. GOLLE,	JR. MP		111 B	ENN STRE	ET BA	ALTIMORE.	MARYLAN 21201
	31, DATE-FILED (Month, Day, Year)	32. AEGISTRAR'S SO	VATUEDO				,	
	"APR 2"3" 1991" 3	una vaviason-ne	TIVE OF THE PARTY					

Services Programme (EB) SS R9.

er death. Page 6 may be retained by the hospital	the funeral director, page 5 should be detached for val.	l examiner must be notified at once.
that the death certificate be executed within 24 hours after	ned by the attending physician and completely filled in by the and Mental Hygiene prior to burial, cremation, or remov	any injury, or other traumatic event, the medica
TO THE HOSPITAL OR ATTENDED FOR THE MAY FIND LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNCEAL INFOCUTION AND SEASON CARE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is never or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	DENT'S NAME (First, Middle, Last)					2 DATE OF DE	REG. NO.		3. TIME OF OEATH	
Arna Mi	fith				MONTH 14/2	21/94	YEAR	600 P		
4. SOCIAL SECURITY NUMBER 220-46-4599	5. SEX 6.	AGE (In yrs. last birthdi	MONTHE	YEAR IF UND	ER 24 HRS.	7. DATE OF BIF (Month, Day,	77/04	8. BIRTH Country	Maryland	
9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF DEATN 19e. COUNTY OF DEATN 19e. COUNTY OF DEATN 19e. COUNTY OF DEATN 19e. COUNTY OF DEATN 19e. COUNTY OF DEATN 19e. COUNTY OF DEATN										
RESIDENCE OF DECEDENT	"Baltimore		OUTY TOWN O					AS L. MANUEL CONT.		
	100.	сту, томно					4 -	10d. INSIDE CITY LIMITS? 1 YES 2 K NO		
9521 Old Court Road 101. ZIP CODE 21207								CITIZEN OF W	THAT COUNTRY?	
11. MARIT? "TATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	н		ben, Mexica	NIC ORIGIN? (Spe nn, Puerto Ricen, ly:	, White, etc.				
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give kind	T use retired.)	uring most of wor	king	16b. KIND	OF BUSINESS	S/INDUSTRY			
	2 years		HC	usewife						
17. FATNER'S NAME (First, Middle, Last)	nomas Mallone			18. MC	THER'S NA	AME (First, Middle,		ollie (U	inlanown)	
19e. INFORMANT'S NAME (Type/Print)	TOTAL TELLIFICA		ING ADDRESS	(Street and Numb	per or Aural	Route Number, Cit			IIIIOWII)	
Mr. David Griffith			Old Cou			imore Mai				
20b. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Dither (Specify)			ATE OF OISPO	SITION (Name ace)	-4/2	OATE 20c. LOCATION — City or Town, State / 24 / 91 Randallstown MD				
23. PART . Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Pre	on sech line	not enter	28 Liber			ellstown or respirator		Maryland Approximate interval Between Onset and Date	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other aignificant condition	ons contributing to de	ath but not resulti	ng In the un	derlying ceus	e given in		WAS AN AUTO		. WERE AUTOPSY FINDING	
						PERFORMED? 1 YES 2 NO COMPLET OF DEATH 1 YES				
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Rasidence 8 Other (Specify)										
27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation 2 Accident Investigation										
3 Suicide 6 Could not b 4 Nomicide determined	28e. PLACE OF II building, etc	NJURY — At home, fe :. (Specify)	rm, atreet, fact	ory, office		28f. LOCATION City or Tow		umber or Rural	Route Number,	
one)	SICIAN: To the best of my								s) and manner ee stated.	
29b. SIGNATURE AND TITLE OF CERTIF	Choon	a Kim	mo, Ph	usicion	ICENSE NU	MBER 38485	29d	DATE SIGNED	(Month, Day, Year)	
	no, Libe	ty med		inter,	B	altimo	re,n	^D 2	1215	
APR 23 1991	Suia Davidson	-Randa 10								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE	T DEA	I FI	REG. NO).		v =
	1. DECEDENT'S NAME (First, Middle, Lest) MARIE B	BOWN.	GOVER			*	MONTH Q	IAY.	YEAR	TIME OF DEATH
		5. SEX 6. AGE	(In yrs. lest birthdey) 59 YRS.	IF UNDER 1 YE			(Month, Day, Year)	1931	8. BIRTHPL Country) Mary	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOV	N OR LOCATI	ON OF DEAT				
6		ITAL		TOW	SON.	M)	BA	HLTIM	ORE
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION				10	DI. INSIDE CITY
DIRECTOR	Maryland Harfor	:d	F	orest						LIMITS?
₹	10e. STREET ANO NUMBER				101. ZIP COD			1		AT COUNTRY?
FUNERAL	2615 Putnam Road				2105				S. A.	•
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 — YES IF YES, GIVE WAR OR D	2 🔼 NO	If yes		n, Mexicen,	ORIGIN? (Specify Yo Puerto Rican, etc.)	e or No—	14. RACE — Black, \ Specify:	American Indian, Vhita, etc.
	15. DECEDENT'S EOUC/ (Specify only highest grade of		16a. OECEOENT'S	USUAL OCCUP	ATION		16b. KIND OF B	JSINESS/INC	DUSTRY	-
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during e retired.)	most or works	ng .	U.S. Go	vernm	ent	
MP	Co	ollege 1+	Сор	y Edit	ing		Aberdee	n Pro	ving	Ground
S	17. FATHER'S NAME (First, Middle, Lest)		7 - 4 5		16. MOT	HER'S NAME	(First, Middle, Maide	n Sumame)		
BE	George Brown			-	Mi	1dred	Hawkins			
6	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et and Numbe	r or Rural Rou	ite Number, City or To	wn, State, Zip	Code)	
-	William Gover		2615 P	utnam	Road	Fores	t Hill.	Mary1	and	21054
	26a, METHOD OF DISPOSITION Burlal 2 Cremation 3 Remote Donation 6 Other (Specify)	val from State of	b. PLACE ANO OATE cemetary, crematory irview A	or other place)	rch Ce	m .	4/24 Fo	rest	City or Town	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	22,120,11	22. NAM	E AND ADDRE	SS OF FACIL	JTY Nutter	Fune	ral H	omes, Inc.
	· Alely 7	Hollens		Ba	ltimor	e. Ma	ryland	21216		omes, inc.
	23. PART I. Enter the diseases, or contained, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause lat only one cause on a	each lina.	not enter tha	moda of dy	ing, such	ee cerdiac or ree	piratory ar	rest,	Approximate Interval Between Onset and Daath
NOI	Sequentially list conditions, if any, leeding to immediate	METAST	A CONSEQUENCE OF	BREA	ST C	ANC	ER			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						
2	PART II. Other algnificant conditions	contributing to death	hut not regulting	In the under	ulna sausa	alven in D	art I 24a une a	N AUTOPSY	T 045 W	/ERE AUTOPSY FINDINGS
EDICAL	TAIT II. Other arginioant conditions	contributing to death	out not resulting	m the origin	ying cause	given in Fa		ORMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ			_				-		'	YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF (DEATH (Chec	k only one)			
SIC	1 TES 2 TO	HOSPITAL: 1 Impatient 2 ER/Out	patient 3 DOA	OTHER:	Home 5 □ R	esidence 6	Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	JURY	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident 3 Sulcide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe		atreet, factory,	office		281. LOCATION (Stree City or Town, Ste	t end Numbe	er or Rural Ro	ute Number,
COMPLETED	Constant Ciny	CIAN: To the best of my known.								end menner es stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	PINISICIA			29c, LIC	0 3 9 C	DER)	29d. DA	4/21	Month, Day, Year)
		ST. JOSEPH	HOCOITAL		YORK	Pos.	TOWSON.	MD	2/2	DV.
	31. DATE FILEO (Mondhi, Day, Yoar) APR 2 4 1991	Julia Davidson	- Handall			,				

ched for use as the burial-transit permit. Pages 1, 2, 3 should

hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 16 may be flied within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020	s after death, Page 6 may be retained by the hospital or uttending our	by the funeral director, page 5 should be detached for pre-centering.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fiours after death, Page 6 may be retained by the hospital or attending to the comment of the	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director, page 5 should be detached for use as the completely with the State Dept. of Health and Mental Mysiere prior to burial, cremation, or removal.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

permit, Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT OF I	EALTH AND DEATH	MENTAL	HYGIEN REG. NO.	E	2 1	11	092
- 9	1. OECEDENT'S NAME (First, Middle, Last)			G	ETER			OF DEATH		520	3. TIME OF DI	EATH
	NATHAN	В.			TER		04	19		991	6:43	ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C				HPLACE (State of	
	249-20-3551	1XXM2□F	68	YRS.	MONTHS DAYS	HOURS MIN.	(Month,	Day, Year)	22	Count	7V)	
		7.74	00	ina.			_	5, 19			h Caro	lina
_	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUI	NTY OF D	DEATH	
6	827 ARLINGTON STR	REET #	912		BALTI	MORE			BAI	TIM	ORE	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T 46. 00	Y. TOWN OR LOCA							
2	IOIL STATE				,	IION					10d, INSIDE C LIMITS?	
	Maryland			Ва	ltimore						1 X YES 2	□ NO
4	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY	7
ᇤ	827 North Arlingto	on Ave.				21217			U.	S.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS DE	CENDENT OF HISPA			-	14. RAC	E — American I	ndien,
	1 Never Merried 2 Married	FORCES? 1	YES 2 X	∐NO		ecify Cuben, Mexic 2 NO Speci		lcan, atc.)		Spec	k, White, atc.	
B	3 Widowed 4 Divorced						,-			1000	Black	
COMPLETED	15. DECEDENT'S EDUC	CATION	16e, C	DECEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BUS	INESS/INE	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of life. Do NOT u	work done during m se retired.)	ost of working						
4	High School			teel	Worker		Re	thlehe	m St	ee1	Corpor	ation
∑	17. FATHER'S NAME (First, Middle, Last)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WOIKEL	16. MOTHER'S N					COLPCI	
ŏ									ourname)			
BE	McKinley Geter					Ella					01017	
2	19e. INFORMANT'S NAME (Type/Print)					and Number or Aura					21217	
- 1	Ella T. Geter			827 1	North Ar	Lington	Ave.	Balti	more	, Ma	aryland	
	20a, METHOD OF DISPOSITION 14 Buriel 2 Cremation 3 Remo	ovel from State	20b. PLAC	CE AND DAT	E OF DISPOSITION	(Name	DATE				own, State	
	4 Donation 5 Other (Specify)	Oval Holli State	Arbut	us Me	emorial :	Park	4/2	4 Balt	imor	e Co	ounty,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF F	ACILITY N	utter	Fune	ral	Homes,	Inc.
	D 16 1 =	6 W	#		2501	Gwynns	Falls	Park	vay		,	
_	Hervers	E- 14	MICO		Balt	imore, M	laryla	nd :	21216	5		
- 11	23. PART I. Enter the dieeesee, or of ahock, or heart failure.				not enter the m	ode of dying, su	ch ee cerd	lec or reepi	retory en	reet,	Approx	
	IMMEDIATE CAUSE (Fine)											Between
	disease or condition	ATHE	mace	IER	OTIC	11200	-	172.0	CAS	-	i	
						175-1716	//					
- 1	resulting in death)	a. // // DUE TO	(OR AS A CONS	SEQUENCE (OFI:	HEAR	/	1100		0	-	
	resulting in death)	DUE TO	(OR AS A CONS	SEOUENCE (OF):	MEMIC	/	<i>11100</i>		0		
NO	Sequentielly list conditions,	b				MEMIC		<i>p</i> //oc		<u>e</u>		
ATION	Sequentielly list conditions, if any, leading to immediate	b	(OR AS A CONS			MENT		<i>D</i> /00		<u> </u>		
-ICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO	(OR AS A CONS	SEQUENCE C	OF):	HEM		<i>D</i> // 0 6				
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CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OUE TO	(OR AS A CONS	BEOUENCE (DF):						b WERE AUTOPS	Y FINDINGS
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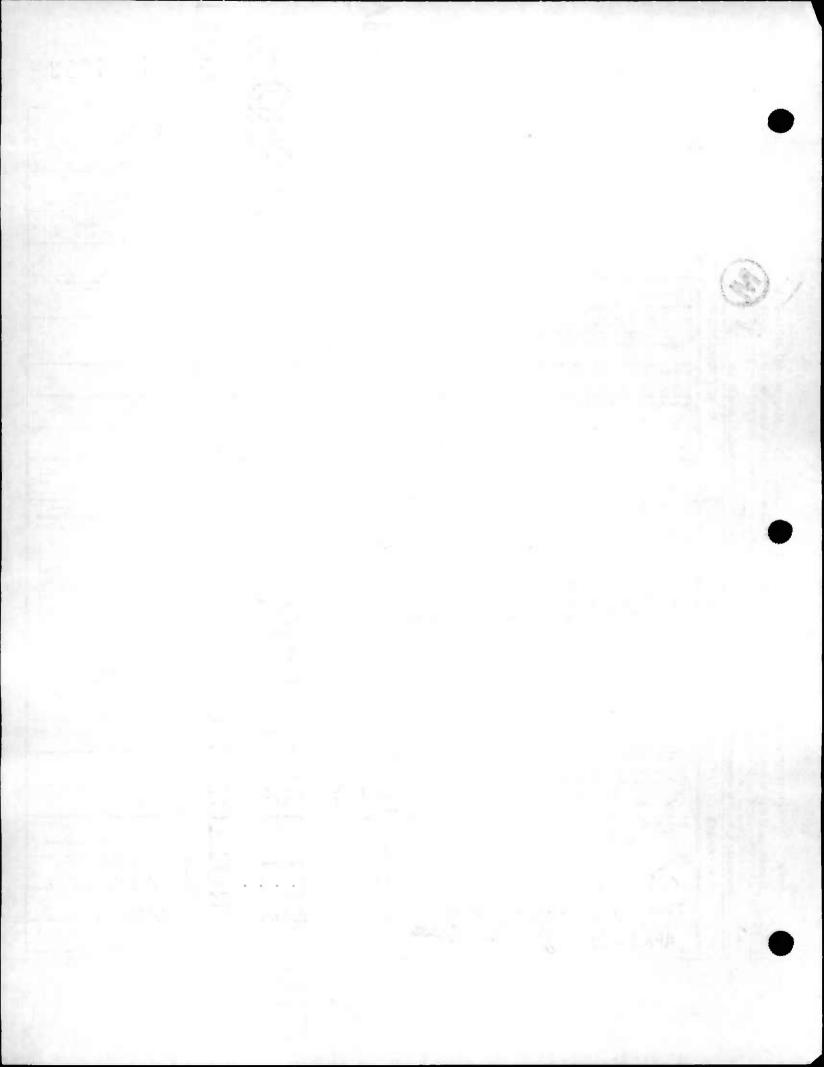
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TEGIOTIVIT				TO ATT	- 01				ILG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH		Y	YEAR		OF DEATN
	Iris	I.		G	arre	tt			04	17	1	991	12:	25 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, De	BIRTH IV. Year)		8. BIRT	NPLACE (S	State or Foreign
- 1	216-94-2368	1 🗌 M 2 💢 F	26	YRS.	MONTHS	DATS	ноона	more.	May 2		964		rylai	nd
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATN						9c. COU	NTY OF I	EATN	
8	University Hospit	·a1			Ba	ltim	ore				Bal	timo	re C	itv
5	University Hospit										241			
뿐	10m. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. IN	SIDE CITY AITS?
□	Maryland			Ва	altin									ES 2 NO
₹	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT CO	UNTRY?
FUNERAL DIRECTOR	5206 Fredcrest Ro	ad					21229	9			U	. S.	Α.	
ا ج	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARM	MED D					IIC ORIGIN? (S		or No-	14. RAC Blac	E — Ame k, White,	rican Indian, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W					2 NO			,,		Spec	ify:	
					1							l .	B1.	ack
回	15. DECEDENT'S EDUC (Specify only highest grade of		(Gh	re kind of	USUAL O	during mo	ON ost of worki	ng	18b, KI	ND OF BUS	SINESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)									
Z				Maci	nine	0pe	rato:	•						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								ME (First, Midd		Surname)			
BE	Robert Garrett								e Simm					
2	19a. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	AODRES	\$ (Street	and Numbe	r or Rural i	Route Number,	City or Tow	n, State, Zi	ip Code)		
-	<u>Catherine Garrett</u>		39	940 1	Edmor	ndso	n Ave	e.]	Baltim	ore,	MD	212	29	
	20a. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remo	oval from Stata	20b. PLACE I				(Name		DATE	20c. LO	CATION -	- City or T	own, State	
- N	4 Donation 5 Other (Specify)	over mont other	Wester		tar (Ceme	tery			Bal	timo	re C	ount	y, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITYNUT	ter :	Fune	ral :	Home	s, Inc.
	> Howling	13.	witte		23 Ba	501 alti	Gwyn: more	ns F	alls P rvland	arkw	ay 216			,
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	T WOUND O	F HE	AD IF):			÷						nset and Death
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE C	F):								-	
2	CAUSE (Disease or injury	C												
片	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE C	F):								ì	
H	Touching in douting Exot	d											_	
	PART ii. Other significent condition	s contributing to	deeth but not n	eeuiting	in the u	nderlyin	g ceuse	given in	Part I. 24	la. WAS AN	AUTOPSY	24	b. WERE A	UTOPSY FINDINGS
MEDICAL						_	-			PERFOR				BLE PRIOR TO ETION DF CAUSE TH?
-													1 🗆 Y	ES 2 NO
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₹	27. MANNER OF DEATH	26a, DATE OF		28b. Til			JURY AT	aaldence	6 Other (S		IN ILION O	COLIDED		
	1 Natural 5 Pending	(Month, E	Day, Year)	IN	JURY	W	ORK?	Truo						
B	2 Accident Investigation		17 1991 OF INJURY — At hor	11:4			YES 2	Yno	-	ject			D	
	3 Suicide 6 Could not be 4 Michael determined	building	, atc. (Specify)	то, тагт,	atreet, rac	ctory, orn	CW			Town, State,				mber,
			At home						4737	VILLI	stor	Sti	eet	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE												(e) and m	anner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			_				ENSE NU		_				Day, Year)
BE		11), 1	+ MD				1 1							
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CO	ISE OF DEATH #===	4 070 77	0.6:4			C.N	1.E.		()4	18	1991
	DONALD G. WRIGH	HT MD	Deme			enn	STre	et.	Balti	more	Mars	rland	1 21:	201
	31. DATE FILED (Month, Day, Year)	A 22. REGISTR.	AR'S SIGNATURE	00	1 1	CILLI	UILL	,	~ultil	III L	2141)		44	
	APR 2.4 1991	golia Davi	don-Monda											



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John Griffin 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F under 1 year F under 24 hrs. T. Date of Birth (Month, Day, Year) T. Date of Birth (Month, Day, Y	I. INSIDE CITY LIMITS? YES 2 \(\text{NO}\)							
4. SOCIAL SECURITY NUMBER 2. S. EX. 2. S. AGE (to yrs. leet berinday) 3. S. AGE (to yrs. leet berinday) 3. Widness over the second of the property of the	Land INSIDE CITY LIMITS? YES 2 NO COUNTRY?							
Tester and number Test	LIMITS? YES 2 NO COUNTRY? Amarican Indian, life, atc.							
Maryland Maryland	LIMITS? YES 2 NO COUNTRY? Amarican Indian, life, atc.							
11. MARITAL STATUS 12. MARITAL STATUS 12. MARITAL STATUS 13. MARITAL STATUS 12. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 13. MARITAL STATUS 14. MARITAL STATUS 14. MARITAL STATUS 14. MARITAL STATUS 14. MARITAL STATUS 15. MARITAL STATUS 16. LOCATION (MARITAL STATUS 16. LOCATION (MARITAL STATUS 18. MOTHER'S NAME (First, Middle, Last, Marital STATUS 18. MOTHER'S NAME (First, Middle, Last, Marital STATUS 18. MOTHER'S NAME (First, Middle, Maridad AND COLONIAN 18. MOTHER'S NAME (First, Middle, Last	Amarican Indian, lite, etc.							
11. MARITAL STATUS Name N								
College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) Laborer								
Unk. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 813 Halifax St. Petersburg, Virgin 20a. METHOD OF DISPOSITION 1 Generally. Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter this diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
Arleia Gannoway 20a. METHOD OF DISPOSITION 1 Gauriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasrt fallure. List only ons cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events 813 Halifax St. Petersburg, Virging 120c. Location — City or Town, so check, or hard and part of Disposition (Name of Cemetary, crematory or other place) We stern Star Cemetery 4/23/91 Catonsy 20c. Location — City or Town, so complete on the place) We stern Star Cemetery 4/23/91 Catonsy 1701 MCCu Chatman—Harris F/H Baltimore 21. NAME AND ADDRESS OF FACILITY 1701 MCCu Chatman—Harris F/H Baltimore 22. NAME AND ADDRESS OF FACILITY 1701 MCCu Chatman—Harris F/H Baltimore 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only ons cause on each line. IMMEDIATE CAUSE (Final disease or condition that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only ons cause on each line. DUE TO (OR AS A CONSEQUENCE OF):								
20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 1 General 2 Greenston 3 Removal from State 2 Greenston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasn't fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 24. Chatman—Harris F/H Baltimore 25. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasn't fallure. List only one cause on each line. 26. FLACE AND DATE OF DISPOSITION (Name of Complete Complete) 26. FLACE AND DATE OF DISPOSITION (Name of Complete Complete) 27. NAME AND ADDRESS OF FACILITY 28. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasn't fallure. List only one cause on each line. 29. LOCATION—City or Town, 3 of Complete C	23803 nia							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events 1701 McCt Baltimore Chatman-Harris F/H Baltimore Chatman-Harris F/H Baltimore Chatman-Harris F/H Baltimore Baltimore Chatman-Harris F/H Baltimore Baltimore Chatman-Harris F/H Baltimore Baltimore Chatman-Harris F/H Baltimore Baltimore Chatman-Harris F/H Baltimore Baltimore Baltimore Chatman-Harris F/H Baltimore Baltimore Baltimore DUE TO (ORIAS A CONSEQUENCE OF):	State							
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or hard failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	1110h S							
that initiated events DUE TO (OR AS A CONSEQUENCE OF):	Interval Betwee Onset and Dest							
PERFORMED? 1 Tyes 2 NO DF	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
1 Sec. DATE OF INJURY 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Norsing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED								
1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be (Month, Dey, Year) INJURY WORK? 2 NO 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28c. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.	Number,							
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER 298. DATE SIGNED (Mo.) 4/22								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4940 Eas Vern Ove Back., 14d. 21224. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURES ADD 0 4 1001	d manner as stated.							





TO BE COMPLETED BY

4 Nomicide

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	FOR 1 - STATE REGISTRAR	STATE OF M				OF HE			MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, La	ist)						- 1	2. OATE	OF DEATH	v	YEAR	3. TIME OF DEAT	TN
	Harriet Mati	1da GILMOF	RE							11 20.	190		5:33	ъм
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	t birthday)	IF UNDER		F UNDER		7. DÂTE	OF BIRTN h, Day, Year)		6. BIRTH	NPLACE (State or Fe	oreign
	579-40-8109	1 🗆 M 2 💢 F	82	YRS.	MONTHS	DAYS H	IOURS	MIN.	AUG		908		LINOTS	
	Se. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY	, TOWN OR	LOCATIO	ON OF DE		· T• 1		NTY OF D		
<u>۳</u>	DOCTOR'S HOSPIT	ΔТ.			GF	REENBE	\mathbf{CLT}				PR	INCE	GEORGE	
DIRECTOR	RESIDENCE OF DECEDENT												-	-
Ä	MD MO	INTY NTGOMERY				OR LOCATION	N						10d. INSIDE CITY	Y
	MO.	NIGOMERI		1	DERWO	ענטנ							1 TES 2	NO
FUNERAL	100. STREET AND NUMBER	WII DOTTED				101. Z	IP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
띪	19724 MEREDI	TH DRIVE					2	0855	5		T	ISA		
5	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DECEN	DENT O	F NISPAN	IIC ORIGII	N? (Specify Yes		14. RAC	E — American Indi	lan,
7	1 Never Merried 2 Merried	IF YES, GIVE W	YES 2 T	NO.		If yes, speci				Rican, atc.)		Spec	k, White, atc.	
B	3 Widowed 4 Divorced	W-0-1					X						WHITE	
	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	16e. DE	CEDENT'S	Work done	CCUPATION during most	of workin	na	168	, KINO OF BUS	SINESS/IN	DUSTRY		
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT u	rse retired.)	100 4 100		-		COTTO				
<u>-</u>	12		C.A	FETE	CRIA	MANAG	ER			SCHOO)L			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) HARRY MORR.					1				Middle, Maiden				
BE (HARRY MORR	19					RE	BECC	A	RICH	IARDS	SON		
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRES	S (Street and	Number	or Rural I	Route Num	ber, City or Tow	n, State, Zi	p Code)		
F	MICHAEL DAVID	GILMORE		SAME	E AS	#_10								
	20a. METHOD OF DISPOSITION	Samoval from State	20b. PLACE of cemetary			POSITION (A	lame		OAT	E 20c. LO	CATION -	City or To	own, State	
	4 Donation '5 Other (Specify)					CREMA	TOR	Y	4/2	22 ALF	EXANT	RTA.	VΔ	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	JE IT	CULTUI					CHITÝ	FUNE				
	surry	N. Ba	rlier	/									TILLE, MD	. 2088
	23. PART I. Enter the diseases,	or complicatione that	ceused the de	eth. Do	not enter	r the mode	of dy	ing, suc	h as cer	diec or reepi	iratory a	reat,	Approxim	
	iMMEDIATE CAUSE (Fine)	ne. List only one ceu	se on each line				0			1			Onset en	
	disease or condition resulting in death)	. Ca	OR AS A CONSE	1/m	ma	1	U	22	25-	_				
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE C	OF):									
z	NO. 2012 - No. 2014 - 10.00 - 1	r. a.	Spicat	7,2										
은	Sequentielly ilet conditiona, if any, leeding to immediate	DUE TO	OR AS A CONSE						_		-			
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	a Prev	1005	Cer	1 ban	000	and	la	9	ccial	wit	_		
E	thet initieted events	OUE TO	OR AS A CONSE	OUENCE (OF):									
CERTIFICATION	resulting in death) LAST	d												
	PART II. Other significent cond	itions contributing to	death but not	resulting	in the u	nderlying (201100	given in	Dort i	24a. WAS AN	AITTORON	1 24	- WERE AUTOREY	POMOLAT
S			dooth but not	· vouling	m are a	inderlying .		given in	ruit i.	PERFOR		2**	AVAILABLE PRIOF COMPLETION OF	OT 5
ă										1 🗆 YES 2	JOHO .		OF DEATH?	CAUSE
PHYSICIAN: MEDICAL													1 🗆 YES 2	NO
Z														
Ci	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL			OTHE	_	CE OF D	EATH (Ch	eck only o	ne)				
YS	1 NYES 2 □ NO	1 Inputient 2		-	4 🗆 Nu	rsing Nome		esidence						
H	27. MANNER OF CEATN	28a. DATE OF (Month, De	INJURY ay, Year)	28b. TII	JURY	28c. INJUF	RY AT		28d. DE	SCRIBE HOW I	NJURY O	CURED		
Β¥	1 Netural 5 Pending 2 Accident Investigat	lon			M	1 🗌 YE	S 2 [NO						
0	3 Suicide 6 Could not	be 26e. PLACE Of building.	F INJURY — At he	ome, ferm,	street, fac	ctory, office			261. LO	CATION (Street	end Numbe	or Aural	Route Number,	

29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. 2 _ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

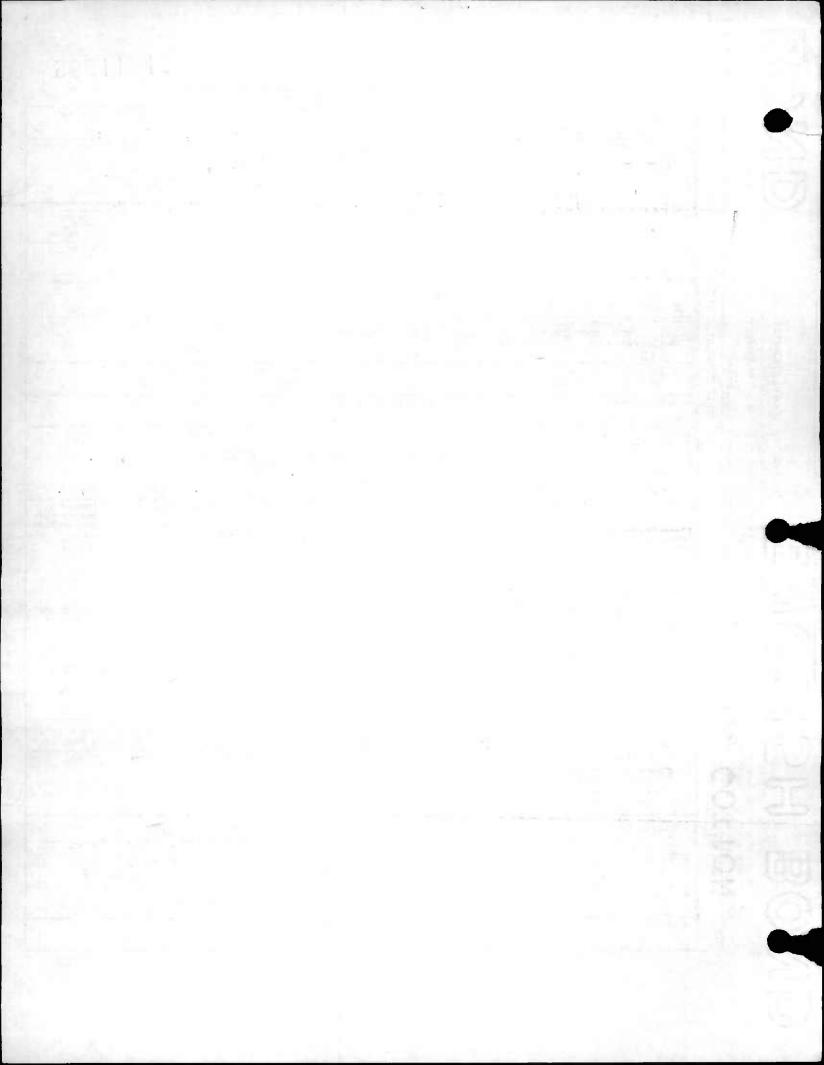
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6 Could not be determined

7500 32. REGISTRAR'S SIGNATURE

APR 2

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)



	ě	₽	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal,
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

LAURA

31. DATE FILED (Month, Day, APR 2

	1 - STATE OF MARYLA REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ICATE OF	DEATH	REG.	NO.	1 1 0 9 6
	Anna Amelia Gleck	- 4 blob day	IF UNDER 1 YEAR	T	April 7. DATE OF BIRTH	21 199	EAR
	213 68 9221 1 DM 2 1 E	fn yrs. last birthday) 88 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept Day, Va	4,1902	BIRTHPLACE (State or Foreign Country) and
TOR	9a. FACILITY NAME (If not institution, give street and number) 1122 Beech Prive RESIDENCE OF DECEDENT		The second secon	or Location of o	EATH	9e. COUNTY	cimere County
DIRECTOR	Maryland Baltimere	10c. CIT	TY, TOWN OR LOCA	River			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10c. STREET AND NUMBER 1122 Beech Prive		1	21220		10g. CITIZE	U-S-A-
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yea, a	CENOENT OF HISPA pecific Cuban, Maxico S 2 NO Specif	nn, Puarto Rican, atc		. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	s usual occupat work done during n use retired.)	ost of working	16b. KIND OF	Business/indus	тяу
BE CO	17. FATHER'S NAME (First, Middle, Last) Stephan Mihalevic			16. MOTHER'S NA	AME (First, Middle, Me	iden Surname)	
7	19a. INFORMANT'S NAME (Type/Print) Frank W. Glock			and Number or Rural			MD 21214
		D. PLACE AND DAT				LOCATION — CIT	y or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	(-		ind Address of Fi Zinski Fu Old Easte			MD 21 221
	23. PAFT. Enter the diseases, or combilications that caused shock, or heart feliure. Liet only one cause on existing in death) 23. PAFT. Enter the diseases, or combilications that caused shock, or heart feliure. Liet only one cause on existing indeath) 3. SCHEMIC DUE TO (OR AS A	ech iine.	not enter the m	ode of dying, suc	ch as cardiec or i		
	,						
ERTIFICATION	r any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE O					
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENCE C	OF):	ng ceuse given in	PE	S AN AUTOPSY RFORMED? SS 2 M NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
_	Sequentiely list conditions, if amy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to death by the conditions of the condit	A CONSEQUENCE C	OF): I in the underlyi	ng ceuse given in	1 YI	REPORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentiely list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A d. PART II. Other eignificent conditions contributing to death but the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions conditions conditions conditions contributing the conditions conditions	out not resulting	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (C) me 5 Residence IJURY AT ORK? YES 2 NO	PE 1 YI heck only one) 8 Other (Specify 28d, DE\$CRIBE H	OW INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
BY PHYSICIAN: MEDICAL	DUE TO (OR AS A if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other eignificent conditions contributing to death by the conditions of the c	put not resulting	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (C) me 5 Residence NORK? YES 2 NO	PE 1 YI heck only one) 8 Other (Specify 28d. DESCRIBE H 281. LOCATION (S City or Town,	RFORMED? S 2 NO OW INJURY OCCU	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED
PHYSICIAN: MEDICAL	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A d	put not resulting patient 3 DOA 28b. Till IN	26. OTHER: 4 Nursing House ME OF NJURY M 1 , street, fectory, off	PLACE OF DEATH (C) me 5 Residence IUSPY AT ORK? YES 2 NO	PE 1 YI heck only one) 8 Other (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town,	PRORMED? S 2 NO OW INJURY OCCU Treet and Number or State)	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

JOHNS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MUMFORD

Del & Chy Lastered 200 LAS ISSP Re EIS Marie Miver calving calvings cardo ellos Maryland Maryland . 4. 2. U DISIS 01174 10494 211 attric 2 0 . . . piveledi and est PER DE MONTE VINCER ME JUIN DE SE test text Contents Willer Military and Land

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t the death ce	by the attendir	nd Mental Hy	Injury, or
s that the death ce	ned by the attendir	ifth and Mental Hy	any injury, or
quires that the death ce	n signed by the attendir	Health and Mental Hy	ows any injury, or
w requires that the death ce	been signed by the attendir	pt. of Health and Mental Hy	3 shows any injury, or
he law requires that the death ce	s has been signed by the attendir	e Dept. of Health and Mental Hy	m 23 shows any injury, or
AN: The law requires that the death ce	ficate has been signed by the attendir	State Dept. of Health and Mental Hy	r Item 23 shows any injury, or
SICIAN: The law requires that the death ce	certificate has been signed by the attendir	h the State Dept. of Health and Mental Hy	d, or Item 23 shows any injury, or
PHYSICIAN: The law requires that the death ce	r this certificate has been signed by the attendir	h with the State Dept. of Health and Mental Hy	arked, or Item 23 shows any injury, or
DING PHYSICIAN: The law requires that the death ce	After this certificate has been signed by the attendir	death with the State Dept. of Health and Mental Hy	s marked, or Item 23 shows any Injury, or
TTENDING PHYSICIAN: The law requires that the death ce	TOR: After this certificate has been signed by the attendir	after death with the State Dept. of Health and Mental Hy	28 is marked, or Item 23 shows any injury, or
OR ATTENDING PHYSICIAN: The law requires that the death of	IRECTOR: After this certificate has been signed by the attendir	ours after death with the State Dept. of Health and Mental Hy	em 28 is marked, or Item 23 shows any Injury, or
TAL DR ATTENDING PHYSICIAN: The law requires that the death of	AL DIRECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hy	If Item 28 is marked, or Item 23 shows any Injury, or
OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	JNERAL DIRECTOR: After this certificate has been signed by the attendit	ithin 72 hours after death with the State Dept. of Health and Mental Hy	NNT: If Item 28 is marked, or Item 23 shows any injury, or
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	HE FUNERAL DIRECTOR: After this certificate has been signed by the attendit	ed within 72 hours after death with the State Dept. of Health and Mental Hy	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

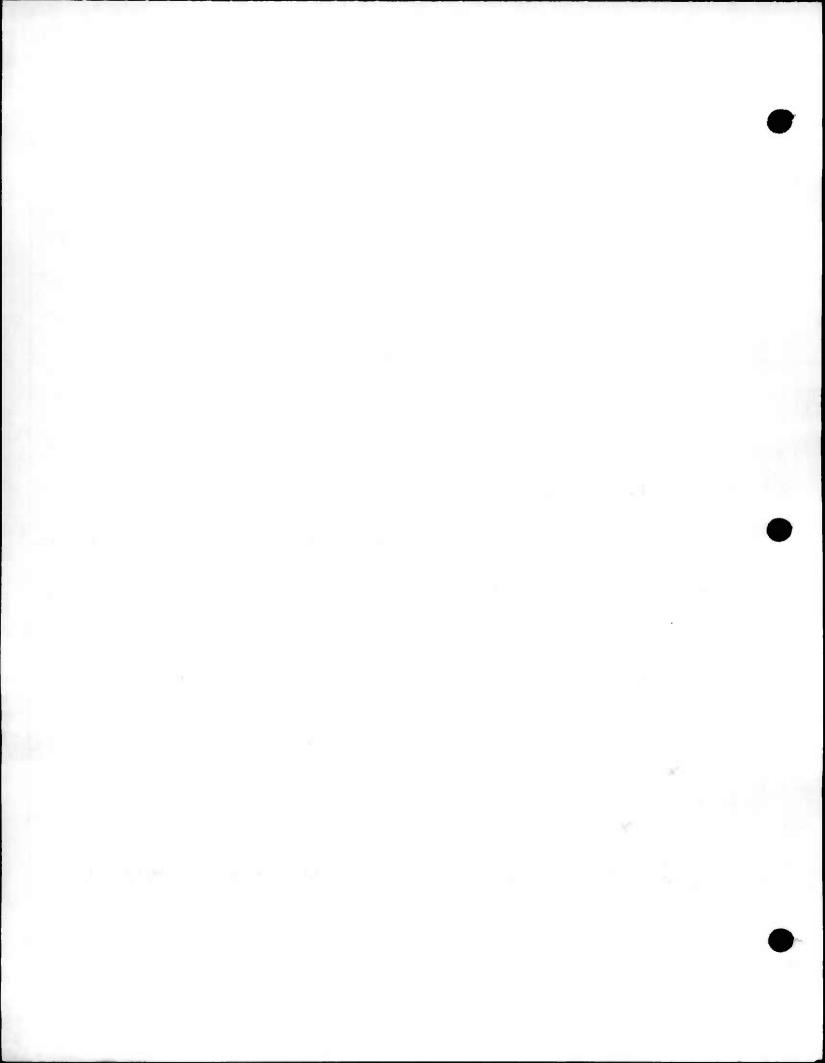
Donald T. Weglein.
31. DATE FILED (Morith, Day, Year)
APR 24 1991

M.D. 220 W.
32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MAF	RYLAND / DEPAR CERTIF	RTMENT OF H	IEALTH AND N DEATH		GIENE 9	11097	
	DECEDENT'S NAME (First, Middle, Lest) ROSE A. SOCIAL SECURITY NUMBER		ENSON AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DE MONTH 4-21-	-1991	3. TIME OF DEATH 12:15 P. M B. BIRTHPLACE (State or Foreign	
	218-70-8786	1 🗆 M 2 💢 F	80 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 9-7-1	910	Maryland	
TOR	98. FACILITY NAME (If not institution, give sti 3504 White Ave. RESIDENCE OF DECEDENT	eet and number)		Baltin	OR LOCATION OF DE	ATH	9c. COUN1	TY OF DEATH	
FUNERAL DIRECTOR	100. BTATE 100. COUNTY Maryland			y, town on Loca ltimore	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
VERAL	3504 White Ave.				1. ZIP CODE 21214	U.S	U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorcad	12. WAS DECEOENT EV FORCES? 1 T IF YES, GIVE WAR (VER IN U.S. ARMED YES 2 (X) NO OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spit yes, specify Cuban, Mexican, Puerto Rican, 1 ☐ YES 2 ☑ NO Specify:				14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT o	s usual occupati work done during ma ise retired.)	ON ost of working	18b. KING	OF BUSINESS/INDU	STRY	
ве сом	17. FATHER'S NAME (First, Middle, Last) Anthony Cortol:	illo	THOMAS.		18. MOTHER'S NA	ME (First, Middle, Sele)			
TO B	19a. INFORMANT'S NAME (Type/Print) Elaine Scheuerman	ty or Yown, State, Zip of Md. 21237							
	20g, METHOO OF OISPOSITION 1 () Buriel 2 Cremation 3 Remo		metery, crematory or		Balto., N	Olty or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC Poy H. Cather		, 1.00, 1.0000	22. NAME A	ND ADDRESS OF FA			d.,Balto.,MD. 21214	
	23. PART I. Enter the diseases, or cahock, or heart fallure.			not enter the me	ode of dying, suc	h aa cerdlac	or respiretory arre	Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Myor	AS A CONSEQUENCE	infai	tun			Monute.	
NOI	Sequentially list conditions,	+ yne	AS A CONSEQUENCE (Your,	
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a A DUE TO (OR	AS A CONSEQUENCE		clura	sula	- der	Rou Took	
CERT	resulting in deeth) LAST	d							
MEDICAL	PART II. Other significent condition	s contributing to dea	ath but not resulting	in the underlying	ng cause given in		PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N.								1 TYES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetlant 3 🗀 DOA	OTHER:	TLACE OF OEATH (Ch		- 16.5		
Y PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending	28s. DATE OF INJ (Month, Day, 1	JURY 28b. TI	ME OF 28c. IN	JURY AT ORK? YES 2 NO	1	BE HOW INJURY OCC	CURED	
тер ву	2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN building, atc.	NJURY — At home, ferm. (Specify)	, street, factory, offi	ca	28f. LOCATION City or Tox		or Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE							ed. e cause(a) and manner as stated.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Warfen	-		DZG	MBER 39 Y	29d, DATE	SIGNED (Month, Day, Year)	
ıĔl	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (DE DEATH (ITEM 27) (5"	on Drint)					

Cold Spring La.,

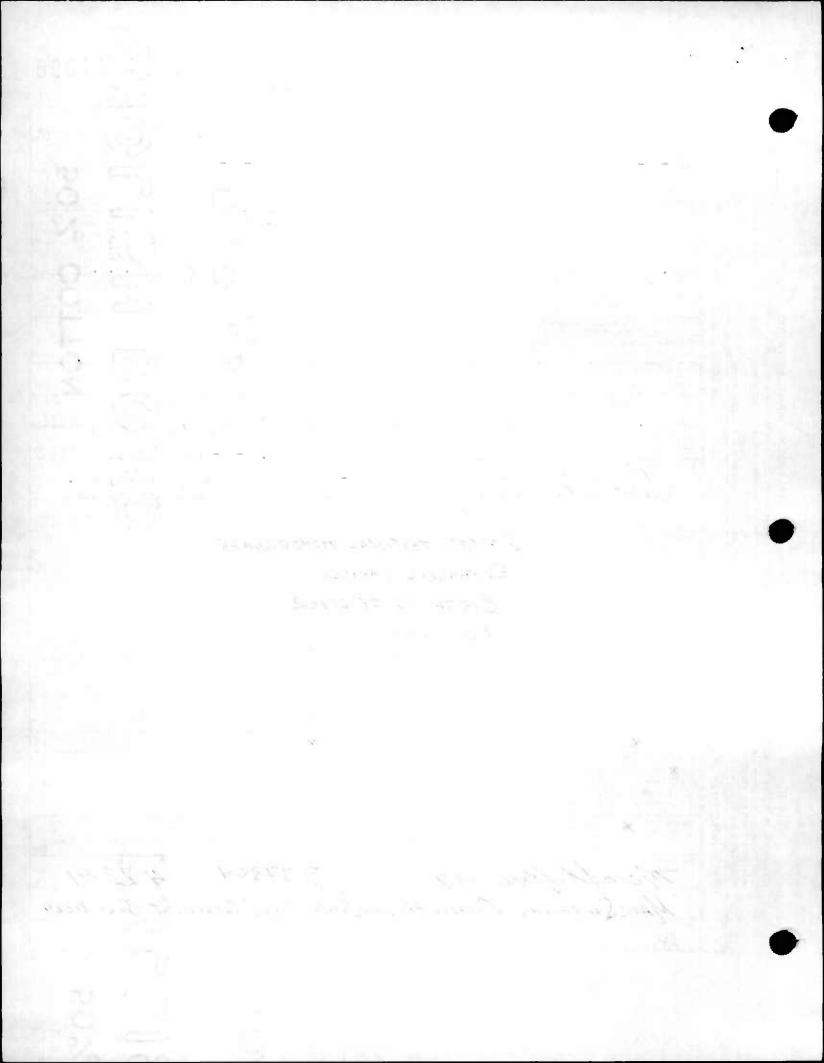
Balto., Md. 21210



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF	HEALTH AND		GIENE S. NO.			
	DECEDENT'S NAME (First, Middle, Last)	GERARD JOSE	EPH GOLD	MAN		2. DATE OF DEA MONTH APRIL 1	9, 1991	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213 → 28 → 9897 9a. FACILITY NAME (# not institution, give a	1½ M 2 □ F Z	yrs. last birthday) 59 YRS.	MONTHS DAY	1	7. DATE OF BIR (Month, Day,) 8 → 2 2 → 1	931	Counti	RYLAND	
TOR	1244 PRIMROSE AVE	-1900 - 1900			ROSEDALE	EAIH	BALTIMORE			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION LTIMORE C	TTV	10d. INS Lim 1 X YE			
FUNERAL	100. STREET AND NUMBER 2 S. HIGHLAND AVE				101. ZIP CODE 21224		10g. CITIZEN OF WHAT COUNTRY?			
à	11. MARITAL STATUS 1XXNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1. FORCES? 1 YES	2 NO	If yes,	ECENDENT OF HISPAI apacify Cuban, Mexica ES XIX NO Specifi	NIC ORIOIN? (Specien, Puerto Ricen, e		E — American Indian, k, White, etc.		
COMPLETED	1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2TH GRADE		life. Do NOT us	vork done during	most of working		OF BUSINESS/IN		CORP	
SOM	17. FATHER'S NAME (First, Middle, Last)	Albania (01000	WORKE		AME (First, Middle,		, , ,	- OVKI	
H	MITCHELL GOLDMAN 19a. INFORMANT'S NAME (Type/Print)		105 MAIL INC	ACDRESS /Stee	KA* et and Number or Rural	THLEEN N				
2	MARY P. McSHANE		ND 21222							
	20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cramatory or other place) 20c. LOCATION — City or Town, State									
	21. BIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Those of	Liel		DUDA	RUCK FUNI WISE AVE	ERAL HON	NE OF DUINDALK I		K, INC. 21222	
	23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause of sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. GASTROIVTESTIVAL HEHORRHAGE DUE TO (OR AS A CONSPOURNEE OR)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LESOFTH GEAL VARICES DUE TO (OR AS A CONSEQUENCE OF): LIRRHO SAS OF LIVER DUE TO (OR AS A CONSEQUENCE OF): ALCOHOLIS M									
PHYSICIAN: MEDICAL C	PART II. Other significent condition	na contributing to death bu	in the underl	he underlying cause given in Part i. 24s. WAS A PERFO			MEO? AVAILABLE PRIOR TO COMPLETION OF CAL			
AN:	25, WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)				
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output	itlent 3 DOA	OTHER:	fome 5 ∰Residenca		elfy)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	JURY	INJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, etc. (Special	At home, farm,		YES 2 NO	281. LOCATION City or Town	(Street and Numb n, State)	er or Rural	Route Number,	
COMPLETED	and and	SICIAN: To the best of my knowle							s) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	the 10	77		7304		11.	(Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WAR	O COMPLETED CAUSE OF DEA	ECO HE	ACTHC	ENTER 28	09 B.	Stras	7 3	467. 21224	
	APR 2 4 1991 4	22. REGISTRAR'S SIGNA	della.							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	11099			
	1. OECEDENT'S NAME (First, Middle, Last) TUAN IT	TA I	tus Bancl	7	2. DATE OF DEATH DO A O O / /	7 9 YEA	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218 - 44-9423	5. SEX 6. AGE	(In yrs. last birthday) IF UNDER YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	46 0	IRTHPLACE (State or Foreign puntry)			
BO	80. FACILITY NAME (If not Institution, give strength	reet and number)	P. Sb. CITY	y, TOWN OR LOCATION OF DE	e City	9c. COUNTY C)F DEATH			
DIRECTOR	10a, STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	d		10d. INSIDE CITY			
	10c. STREET AND NUMBER	1 /	1 ES 2 NO							
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT EVER I FORCES? 1 YES		. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica		1 or No.— 14. F	RACE American Indian, Black, White, etc.			
ED BY	3 Wildowed 4 DOTVorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATES 1 □ YES 2 2 NO Specify: Specify:								
COMPLETE	(Specify only highest grade	Completed) College (1-4 or 5+)		during most of working	160. KIND OF 50.	SINESS/INDUS i r	W .			
BE COM	17. FATHER'S NAME (First, Middle, Lest)/ (8. MOTHER'S NAME (First, Middle, Meiden Surname) (8. MOTHER'S NAME (First, Middle, Meiden Surname) (9. MOTHER'S NAME (First, Middle, Meiden Surname)									
TO B	60. INFORMANT'S NAME Typo/Print)	mo. Hol	19b. MAILING ADORES	SS (Street and Number or Rural I	Route Number, City or Tow	n, State, Zip Cope	"Candonal			
	20e. M5-MOD OF DISPOSITION 1	oval from State	bb. PLACE OF DISPOSITION (N.	lame of cemetery, crematery or	20c, LO	CATION - City	or Town, Biete			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22	. NAME AND ADDRESS OF FA	CILITY	31	21216			
	Joseph	C 120	2	1222 W	nor	eh u	me			
	23. PART. Enter the dibeases, or c ehock, or heart fellure. I IMMEDIATE CAUSE (Final	List only one ceuse on	d the deeth. Do not linter sach line.	r the mode or dying, suc	h ss cardiac or reep	Iratory arresτ,	Approximata interval Between Onset and Death			
	disease or condition resulting in death)	e. Clik	A CONSEQUENCE OF):	PREST						
ON	Sequentially list conditions,	OUE TO (OH) AS A CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· DZG	A CONSEQUENCE OF:	DARCOCLER	WU					
ERTIF	that initiated events resulting in deeth) LAST	d	A CONSEQUENCE OF J:							
CAL C	PART II. Other significant condition	a contributing to deeth	but not resulting in the u	inderlying cause given in	Part I. 24e. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
	~a291	TIC SYNA	DRAM		1 _ YES :	2 1410	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MED										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA 4 Nu	26. PLACE OF DEATH (Ch ER: ursing Home 5 ☐ Reeldence						
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D			
BY		action 25e. PLACE OF INJURY — At home, 1erm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town. State)								
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJUF building, atc. (Sp.	IY — At home, lerm, street, fa	ctory, office	28f. LOCATION (Street City or Town, State)	urai riodia ridinda,			
	3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only	building, atc. (Specifical)	ecify) wledge, death occurred at the	ctory, office itime, date end place, end due opinion, death occured at the	City or Town, State	enner as stated.				
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only	building, stc. (Spotson of the best of my known of the basic of examination of examination of the basic of examination	ecify) wledge, death occurred at the	time, date end place, and due	City or Town, State	onner as stated.				
COMPLETED	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	building, stc. (Spo	wiedge, death occurred at the ion end/or investigation, in my	time, date end piece, end due opinion, death occured at the	City or Town, State	onner as stated.	use(s) end menner es stated.			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

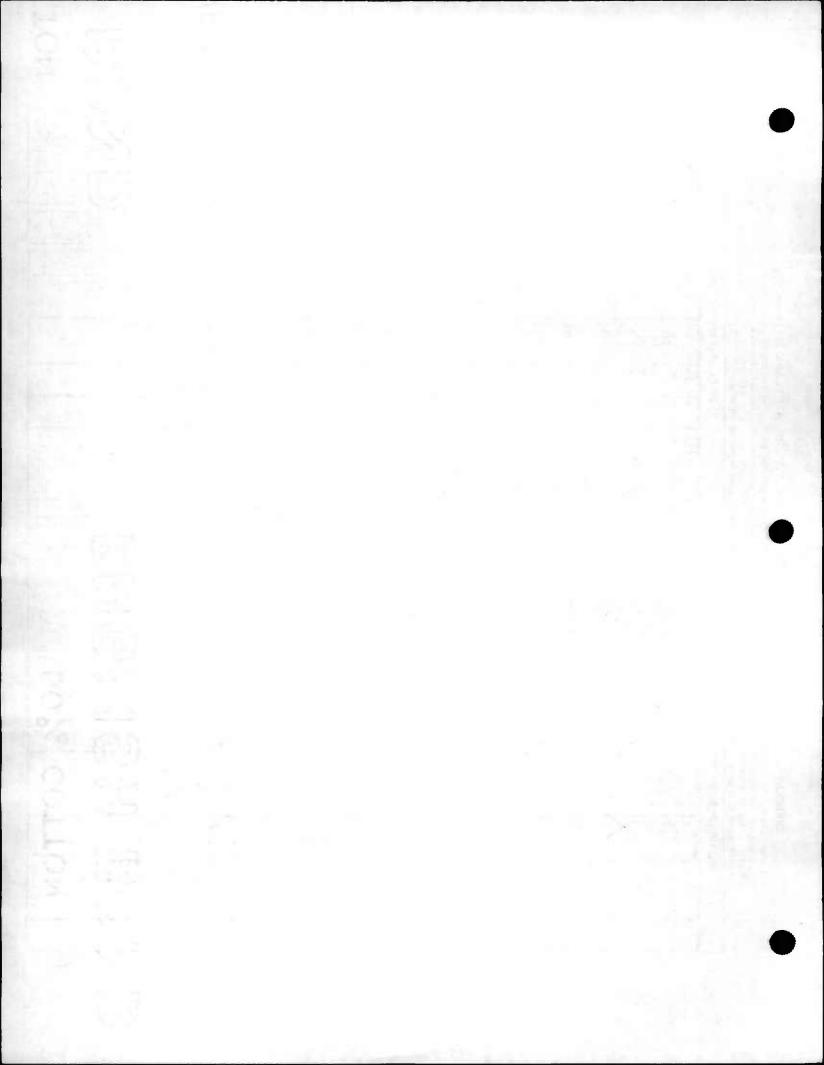
BALTIMORE, MARYLAND 21215-0020

	60
	notified
	Pe
	must
-	srked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
n with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	nedical
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burial	atic
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Dept	23
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with	rked,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR				CERTIF	ICATE	OF	DEATH AND	INLINIA	REG. NO				
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
ARTHUR E.	HELM	ICK Jr.						APR			91	5:25 a.m M	
4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 3/29 8. BIRTHPLA (Month, Day, Year)			PLACE (State or Foreign		
218-22-82	48	1 🗔 M 2 🗆 F	62 6	YRS.	WONTHS	DAYS	HOURS MIN.		1.3,1				
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATION OF D	EATH		9c. COU	TY OF DE	ATH	
THE JOHNS	EDENT		AL		BALTIMORE CITY					E CITY			
10e. STATE	10b. COUNT	1		10c. CIT	Y, TOWN O	R LOCAT	TION				10d. INSIDE CITY LIMITS?		
Maryland	_			B	alto	. C:	ity, Md.					DEXYES 2 □ NO	
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
4	16 S.	Gilmor :	St,				2122	3			USA		
11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF HISPA ecify Cuban, Mexico			a or No—	14. RACE	- American Indian, White, stc.	
1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							25∰NO Specif		ricali, atc.)			White	
	EDENT'S EDU			16a. DECEDENT'S			ON ost of working	168	. KIND OF BU	SINESS/IN	DUSTRY		
Flementany/Secondary (0-12) College (1-4 or 5 +)					nter		•		Self	-Emp	loye	ed	
17. FATHER'S NAME (First, M	iddle, Last)						16. MOTHER'S NA	AME (First,	Middle, Maider	Surname)			
¥ ;	Arthu	r E,	He1	mick,S	r.		Fran	ces			Wh	ip	
19a. INFORMANT'S NAME (1						(Street a			ber, City or Tov	vn, State, Zic			
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 416 S.Gilmor St, Balto.Md.21233												
20a. METHOD OF DISPOSIT OCDPurial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	oval from State	20b. of ce	PLACE AND DAT	FOF DISPO	OSITION (ace)	(Name emeterv		20c. LC			.A.Co.Md.	
21. SIGNATURE OF FUNERA		CENSEE		/	-		ND ADDRESS OF F					1.21230	
1 Dani	el C	e 1/a	ylo	7	Мо	cCU:	lly Fun	erai				Fort Ave.	
23. PART I. Entar tha d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	aart fallure. nai	a. COULTO	ISO ON ARC	ch ilna.	_		oda of dying, suc	ch aa car	diac or reap	iratory an	rest,	Approximata interval Batween Onset and Daath	
Sequantially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	lons, diata iNG ary	C		CONSEQUENCE C									
PART II. Other significa	ent condition			it not reaulting	in the un	dariyin	g cause given ir	Part i.	24a. WAS A	N AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Coronery	Arter.	1 01400	90						1 🗆 YES	2) 110		1 TYES 2 NO	
Alcohol	Arter.	1 01500	90				···		1 🗍 YES	2) 116			
25. WAS CASE REFERRED TEXAMINERS	Arter.	HOSPITAL:		itlent 3 🗆 DOA	OTHEF	R :	LACE OF DEATH (C		ne)	2) 146	70		
25. WAS CASE REFERRED TEXAMINERS 1 VES 2 NO 27. MANNER OF DEATH		HOSPITAL:	ER/Outpa	28b. TII	4 🗆 Nurs	R: sing Hor 28c. IN. W	ne 5 Residence	8 🗆 Oth	ne)		CURED		
25. WAS CASE REFERRED TEXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6	Pending Investigation Could not be	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, C	ER/Outpa FINJURY ay, Year)	28b. Til	4 - Nurs	R: sing Hor 28c. IN. W 1	ne 5 Rasidence JURY AT DRK? YES 2 NO	6 Oth 28d, DE	er (Specify) SCRIBE HOW	INJURY OC		1 - YES 2 NO	
25. WAS CASE REFERRED TEXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Hertural 5 SACIDENT	Pending Investigation	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, C	ER/Outpa INJURY ay, Year)	28b. Til	4 - Nurs	R: sing Hor 28c. IN. W 1	ne 5 Rasidence JURY AT DRK? YES 2 NO	6 Oth 28d, DE	ne) er (Specify) SCRIBE HOW	INJURY OC		1 - YES 2 NO	
25. WAS CASE REFERRED TEXAMINERS 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 6 Suicide 6 Homicide 29s. CERTIFIER (Check only)	Pending Investigation Could not be determined	128a. DATE OF (Month, Conditions) 28a. PLACE Conditions, Condition	ER/Outpa INJURY ley, Year) FINJURY - atc. (Specil	At home, ferm,	4 Num ME OF JURY M street, fact	R: sing Hon 28c. IN. W 1 tory, offici time, dete	ne 5 Residence JURY AT DRK? YES 2 NO	6 Oth 28d, DE 28f, LO C/t)	er (Specify) SCRIBE HOW CATION (Street or or Town, State	INJURY OC	r or Rural I	1 Pes 2 NO	
25. WAS CASE REFERRED TEXAMINERS 1	Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINI	28e. DATE OF (Month, D. 28e. PLACE C building, ICIAN: To the best of eR: On the besis of e	ER/Outpa INJURY ley, Year) FINJURY - atc. (Specil	At home, ferm,	4 Num ME OF JURY M street, fact	R: sing Hon 28c. IN. W 1 tory, offici time, dete	ne 5 Residence JURY AT DRK? YES 2 NO ne a and place, and du death occured at th	8 Oth 28d, DE 28f, LO C/t) a to the ca	er (Specify) SCRIBE HOW CATION (Street or or Town, State	and Numbe	r or Rural i	1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1)	Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINI	28e. DATE OF (Month, D. 28e. PLACE C building, ICIAN: To the best of eR: On the besis of e	ER/Outpa INJURY ley, Year) FINJURY - atc. (Specil	At home, ferm,	4 Num ME OF JURY M street, fact	R: sing Hon 28c. IN. W 1 tory, offici time, dete	DURY AT ORK? YES 2 NO a and place, and dudeth occured at the	6 Oth 28d, DE 281, LOC() 281, LOC	er (Specify) SCRIBE HOW CATION (Street or or Town, State	and Numbe	r or Rural i	1 Pes 2 No	
25. WAS CASE REFERRED TEXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only one) 2 MED	Pending Investigation Could not be determined TIFYING PHYS PICAL EXAMINI E OF CERTIFIE	28a. DATE OF (Month, E) 28a. PLACE Of building, ICIAN: To the best of e	ER/Outpas INJURY lay, Year) FINJURY atc. (Specil my knowle xamination	28b. Til IN 	4 Num ME OF JURY M attreet, factored at the ti	R: sing Hon 28c. IN. W 1 tory, offici time, dete	ne 5 Residence JURY AT DRK? YES 2 NO ne a and place, and du death occured at th	6 Oth 28d, DE 281, LOC() 281, LOC	er (Specify) SCRIBE HOW CATION (Street or or Town, State	and Numbe	r or Rural i	1 YES 2 NO	

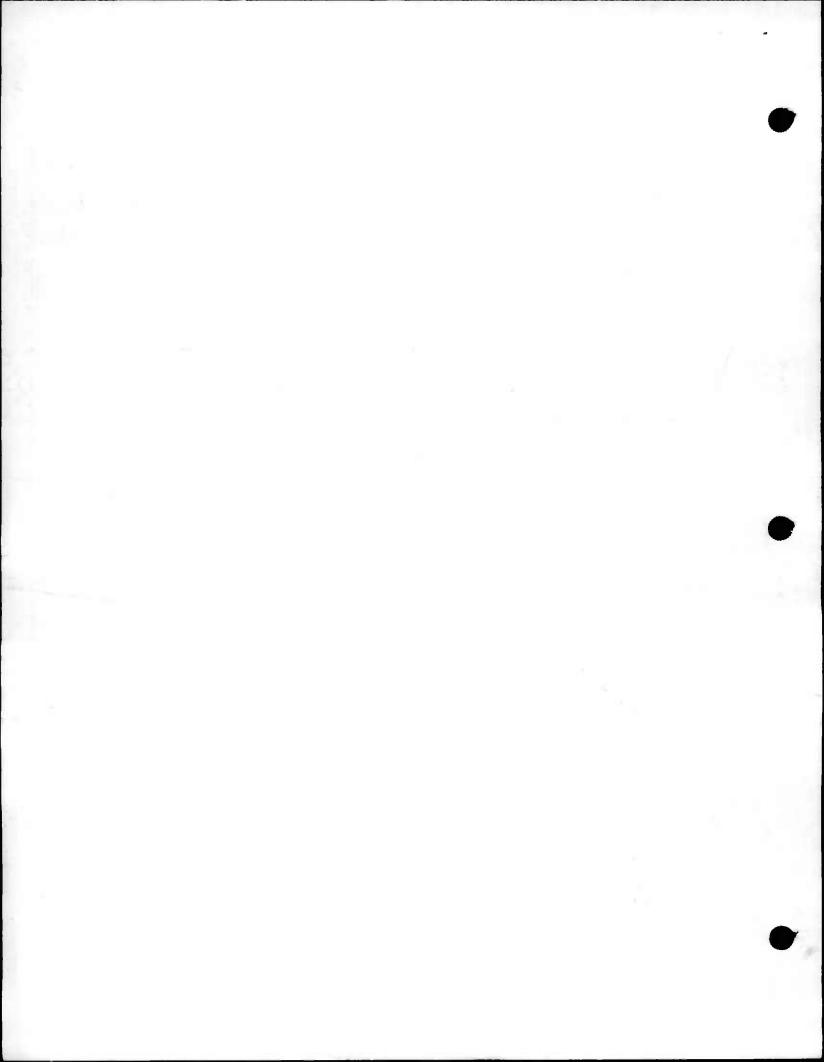


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the borist taneat permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR		CERTIF	ICATE	OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) CYDTHIA	CYNTHIA J	ULIA HUL	L		2. DATE OF DEATH MONTH O	w 17	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
	220-32-6139	1 M 2 5 F	VRS.	MONTHS DA		(Month, Day, Year)	- 3	CHERRY RUN, WV		
1	9a. FACILITY NAME (If not institution, give et	reet end number)		9b. CITY, TO	WN OR LOCATION OF DI	EATH	9c. COUNT	TY OF DEATH		
DIRECTOR	SHADY GROVE ADVENTIST HOSPITAL				ville		Montgomery			
<u>입</u>	10e. STATE 10b. COUNTY		10c. CI	Y, TOWN OR L	OCATION			10d. INSIDE CITY		
	MD MONTG	OMERY		ROCKVII				LIMITS? 1 X YES 2 □ NO		
¥	10e. STREET AND NUMBER				101, ZIP CODE		EN OF WHAT COUNTRY?			
FUNERAL	408 BLANDFORD ST	. APT. 2			20850		Ţ	USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. J FORCES? 1 YES XX				DECENOENT OF HISPAI s, specify Cuben, Mexico	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No- 1	14. RACE American Indien, Black, White, atc.		
B	1 Never Married 2\sum_ Married 3 Nidowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO Specif		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a, DECEDENT'S	USUAL OCCU	PATION g most of working	18b. KIND OF BU	SINESS/INDU	ISTRY		
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT	ise retired.)	g most or working					
릴	8	HOME	HOMEMAKER			HOME				
ğ	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NA	Surname)					
BEC	WILLIAM LEE FOGL	E, SR.			HAT'	TIE B. WIL:	SON			
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G AODRESS (St	reet and Number or Rural	Route Number, City or Tow	n, State, Zip (Code)		
임	MRS. MARY B. McC	ORMACK	408	BLANDFO	ORD ST. AP	r.2, ROCKV	ILLE,	MD		
	208. METHOD OF DISPOSITION		10b. PLACE OF DISPO		of cemetery, crematory or			Ity or Town, Slate		
tX Burlet 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) — PAYNES CHAPEL CEMETERY RIDGEWAY, WV										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	BROWN FUNERAL HOME, 327 W. KING ST POBOX 821, MARTINSBURG, WV 25401									
	23. PART i. Enter the disesses, or o			not enter the	mode of dying, aud	ch ss csrdiec or reep	iratory arre	est, Approximate Interval Between		
A THE STATE OF THE										
	disease or condition	. PNE	VMOWT	15						
	DUE TO (OR AS A CONSEQUENCE OF):									
z										
CERTIFICATION	Sequentielly list conditions, If any, iseding to immediats									
₹	cause, Enter UNDERLYING CAUSE (Disease or injury	с								
E	that initieted events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):						
H H		d								
	PART II. Other significant condition	e contributing to desti	but not resulting	in the unde	rlying cause given in			24b, WERE AUTOPSY FINDINGS		
MEDICAL	Preonte	EFFU	510 N			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
B	RECORD	CARCINO	mt			1 TYES	Z 🗆 NO	OF OEATH?		
	Cinados	W Wil	H Ac	CUTE	P			1 123 2 10 100		
A	25. WAS CASE REFERRED TO MEDICAL	00 01	11 517		26. PLACE OF OEATH (C	heck only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 □ DOA	OTHER:	Home 5 - Reeldence					
ΞI	27. MANNER OF DEATH	28e. OATE OF INJUR			c. INJURY AT	28d. DESCRIBE HOW	INJURY OCC	URED		
	1 Natural 5 Pending	(Month, Day, Yea	7) 11	M .	WORK?					
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	JRY — Al home, ferm	, atreel, factory	office	28f. LOCATION (Street		or Rural Route Number,		
뎶	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (S	ipecify)			City or Town, State)			
<u> </u>	290. CERTIFIER	ICIAN: To the best of my kn	owledge death seem	med at the Han	data and alone and du	a to the country and ma				
COMPLET	one)							e cause(a) end menner ea stated.		
	296. SIGNATURE AND TITLE OF CERTIFIES									
8	The state of the s	1			29c. LICENSE NU	87	290. DATE	SIGNED (Month, Day, Year)		
ဝ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (T-	na Print)	1 2 730			7-1-		
		us VESE	in Mi) . [2552 U	Hoy Grov	NB	+/17/9, Nockelice 50		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI								
- 1	APR 2.4 1991	Salia Saindron	-handelle							



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Delacried	s after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	once.
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TUNETA!		to be marked or item 22 shows any latery or other fraumatic event the medical examiner must be notified at once
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FOR 1 - STATE REGISTRAR		STATE OF	MARYLAN		RTMENT OF			MENTA	AL HYGIE			11102
1. OECEDENT'S NAME (F	irst, Middle, Last)		OLITTI	IOAIL	<i>7</i> 1 <i>D</i> 1	LAIII	2. DAT	E OF DEATH	DAY		3. TIME OF OEATH
	Α										YEAR	10.00
Margare	MBER	5. SEX		rs. lest birthdev	IF UNDER 1 YE	AR IF	UNDER 24 HRS.		ril E OF BIRTH	19,19	8. BIRT	HPLACE (State or Foreign
217-18-		1 🗆 MXX F	67	YRS.	MONTHS DA		URS MIN.		1-19-2	-		aryland
	Se. FACILITY NAME (II not institution, give street and number) Franklin Square Hospital					www or Lo	LLe	EATH			NTY OF	more
Frankli RESIDENCE OF D 100. STATE Maryland	10b. COUN	TV		1 100 0	TY. TOWN OR L	COATION						10d. INSIDE CITY
IVE. STATE	-3 L 3 S	ltimore	timomo				re Cou	and a				LIMITS?
	Maryland Dalumole 10e. STREET AND NUMBER				Dal			штоу		I are are		1 YES 2- NO
	5619 Daybreak Terrace					101. ZIP 21	.206			10g. Cr	US US	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			2XXNO	If ye	s, specify	Cuben, Mexico NO Specia	en, Puerto	IN? (Specify Rican, atc:)	Yee or No-		ck, White, etc.
	ECEDENT'S ED		10	sa. DECEDENT	S USUAL OCCU	PATION		10	Sh, KIND OF I	SUSINESS/IN	DUSTRY	
Elementery/Secondar 10th gr		College (1-4 or	5+)		work done durin use retired.) ISEWife		working		Hom	nemaki	ne	
17. FATHER'S NAME (Firs.				1100			MOTHER'S NA	1005 (5)			0	
		yblewski))			18.			nicha	en Surname)		
- 500 1000 100 100 100 100 100 100 100 10	196. INFORMANT'S NAME (Type/Print) Herman P. Hart 196. Mailing ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5619 Daybreak Terrace Baltimore, Md. 2120									21206		
20a METHOD OF DISPO		moval from Stata	20b. P	LACE OF DISP	Heart			lem.		location -		
21. SIGNATURE OF FUNI		LICENSEE								,		
+ La	sala		we !	Lom E			poress of Funda)., Mc	1. 2	21236
23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in desth)	r haart fellure Final	e. List only one o	ause on eac	h lins.	not enter the		7.7	ch es ce	erdiec or re	spiratory e	rrest,	Approximate Interval Betwee Onset and Dest
Sequentially list con if any, laading to im cause. Enter UNDEF CAUSE (Disease or that initiated events	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that Injury and Park											
Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L	AST	d										
25. WAS CASE REFERRE EXAMINER? 1 YES 2 MANOER OF DEATH	licant conditi	ons contributing	to death but	not resultin	g in the under	rlying ce	euse given ir	n Part I.	PER	AN AUTOPSY FORMED?	2	No. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
				_								
25. WAS CASE REFERRE EXAMINER? 1 ☐ YES 2 ☑ NO	D TO MEDICAL	HOSPITAL:	2 FB/Outnet	lant 3 DOA	OTHER:		OF DEATH (C					
	☐ Pending	28a. OATE (Month	OF INJURY , Day, Year)	28b. T	IME OF 28	c. INJURY WORK?	' AT	-	ESCRIBE HO	O YRULNI W	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26s. PLAC	E OF INJURY — ng, etc. (Specify	- At home, farm	n, street, factory,	, office		28f. L	OCATION (Str ity or Town, St	et and Numb ate)	per or Rura	of Route Number,
(Gridek orliy -		/SICIAN: To the best										
29b. SIGNATURE AND T	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, 29b. SIGNATURE AND TITLE OF CERTIFIER									e(a) and menner as stated. ED (Month, Day, Year)		
	7		Kar			- "		3832				10 1001

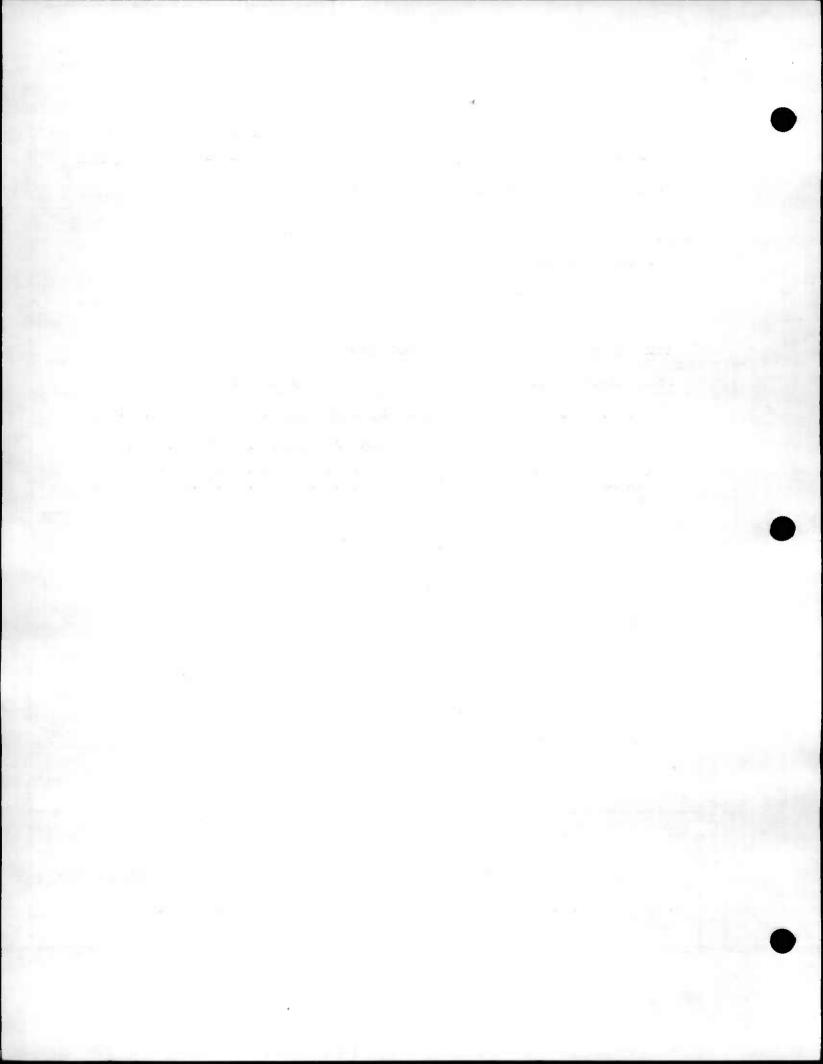
9000 Franklin Square Drive Baltimore, Md.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

I. Bshara, M.D.

31. DATE FILED (MONTH, Day, War)

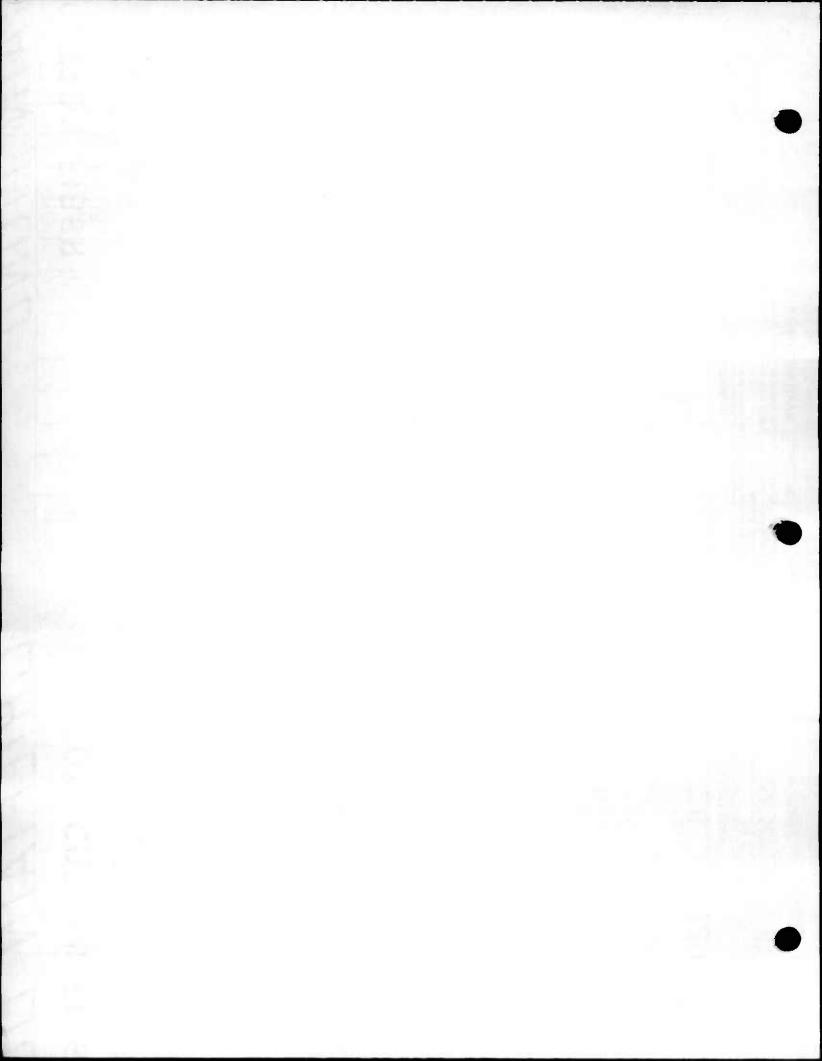
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JF VI	HYSICIAN:
7	6.5
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a
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3	Page	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permitted to the complete of the complete	De fled within 12 flows are been with the Court cept, or regult and mental righers from the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE REG. N		<i>J</i> 1	11103	
	DECEDENT'S NAME (First, Middle, Last) C	hola Mae Ha	sh			2. DATE OF OEATH ADTIL 1	8, 1991	7EAR 3. 1	TIME OF DEATH	
	242-22-4215	□ M 2 🖾 F 75	YRS. MON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 25, 1916 8. BIRTHPLACE (State or Incompt) Sherman, Te			an,Texas	
TOR	90. FACILITY NAME (If not institution, give stree Fallston Gen. Ho		ATH	Harf						
BY FUNERAL DIRECTOR	Maryland B	altimore		er Fall	S		1 [. INSIDE CITY LIMITS? X] YES 2 NO		
VERA	11535 Franklin	ville Rd.		101.	ZIP CODE 211	56	U	COUNTRY?		
	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	2. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, spe-	NDENT OF HISPAN cify Cuben, Mexica 2 NO Specify	NC ORIGIN? (Specify on, Puerto Ricen, etc.)	Yee or No — 14	Specify:	American Indian, lite, stc. hite	
BE COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondery (0-12) 12 YIS .	rion mpleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Dry Clear	done during mos tired.)	N t of working		emplo			
E COM	17. FATHER'S NAME (First, Middle, Last)	Fred C. H	lart		16. MOTHER'S NA MUSIC	ME (First, Middle, Maid	en Sumeme) JKE			
TO B	190. INFORMANT'S NAME (Type/Print) Mr. William M. Has		11535	Frankl	inville	Route Number, City or 1 Rd. Uppe:	r Falls	,Md.2		
	20e. METHOD OF DISPOSITION 1 \(\Delta \) Burial 2 \(\Circ \) Cremation 3 \(\Delta \) Remove 4 \(\Delta \) Donation 5 \(\Delta \) Other (Specify)	al from State	other place) Holly Hill	Memor	ial Gard	Gardens Middle River, Md. 212				
	21. SIGNATURE OF FUNERAL SERVICE LICENTY (C. S.). F. Lass	1. SIGNATURE OF FUNERAL SERVICE LICENSEE E.F. Lassahn Funer 11750 Belair Rd. Kingsville, Md. 2								
	23. PART i. Enter the diseases, or conshock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Co-co-nar	ech line.	disers		h se cardiac or re	spiratory errea	it,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
ERTIF	that initiated events resulting in death) LAST									
MEDICAL	PART II. Other significent conditions wartic valve Lypertensis	disease	out not resulting in t	he underlying	cause given in	PERF	AN AUTOPSY FORMED?	COL	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)		<u> </u>		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		Nursing Home F 28c. INJU WOI	JRY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	IRED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree			28f. LOCATION (Stre City or Town, Str	et and Number o	r Rural Route	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:								d menner es stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Lawrence	2 Ingles	nD		29c. LICENSE NUI	MBER 0/2-2	29d. DATE	SIGNED (MO	onth, Day, Year)	
5	7600 Osler Dr	311	TOWSON		21204					
	31. DATE FILED.(Month, Day, Year)	32. REGISTRAR'S SIGN	AATURE 1	•					Durin to B	
	84444	0							DHMH-16 Rev 1/89	

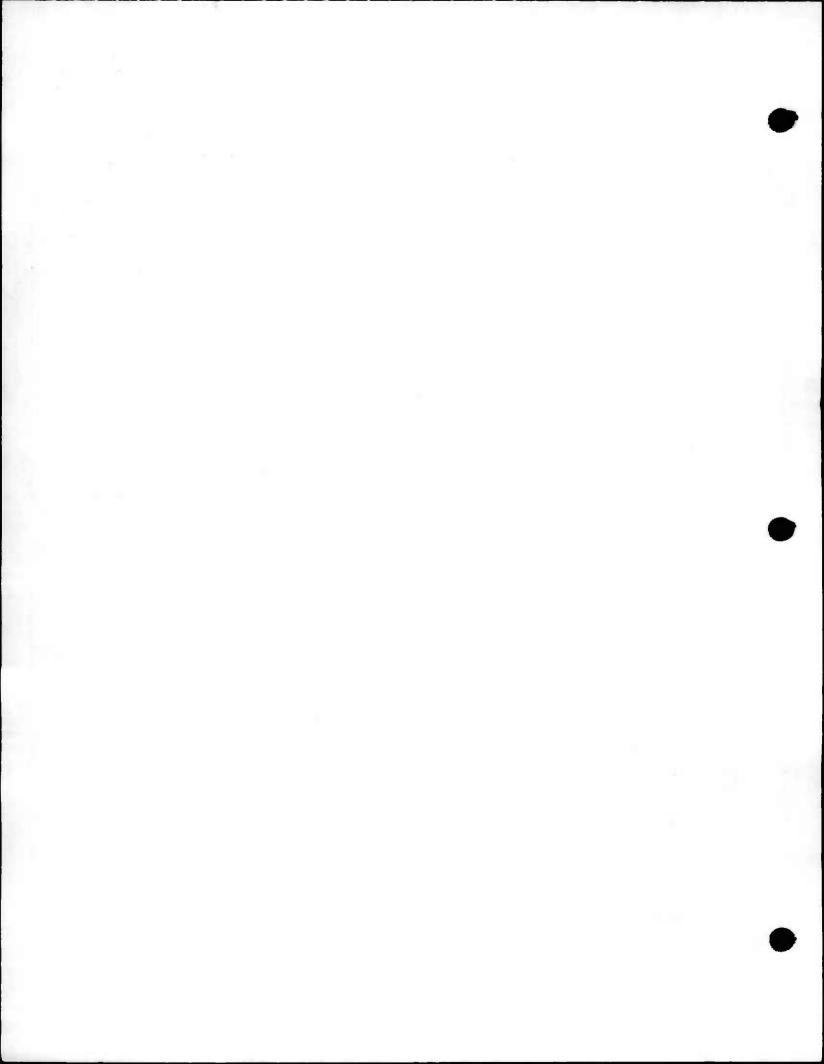


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	:KIIFI	CALE	OF	DEAL	Н	R	EG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Lest)	т							2. DATE OF I	DA		YEAR	3. TIME OF DEATH
1	Madel 4. SOCIAL SECURITY NUMBER	5. SEX (HOW		IF UNDER	VEAD	IF UNDER	na ume	Apri		199	-	10:27a M PLACE (State or Foreign
	212 74 4721	1 🗆 M 2 🔀 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	12/1	070	_	Countr	d.
œ	90. FACILITY NAME (If not institution, give street Franklin Square				r LOCATION VIII	ON OF DEA	ATH		9c. COUN	ITY OF D			
DIRECTOR	RESIDENCE OF DECEDENT		1//	055	V Т.Т.	Le			<u> </u>	Ba	timore		
Ä	10a, STATE 10b. COUNTY	10c. CITY	, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?		
₽	Md.	Turners Station								1 YES 2 NO			
BY FUNERAL	100. STREET AND NUMBER 206 Fleming Dr.	10f. ZIP CODE 21222				109. CITIZEN OF WHA							
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	RMED 13. WAS DECENDENT OF HISPANI				IC ORIGIN? (S	pecify Yea	or No-	14. RACE	— American Indian, , White, atc.	
	1 Never Married 2 Married 3 Wildowed 4 Olivorced	IF YES, GIVE WA		••							ack		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	18a. DE (G	CEDENT'S	USUAL OC	CUPATIO	N et of workir	10	16b. KIN	D OF BUS	SINESS/INC	USTRY	
ا لا	Elementary/Secondary (0-12)	College (1-4 or 5+)	We.	Give kind of work done during most of working e. Do NOT use retired.) HOUSEWIFE									
N N	17. FATHER'S NAME (First, Middle, Lest)			1104	JCW.	110	16. MOT	HER'S NAM	ME (First, Midd)	le. Maiden	Sumame)	-	
	Robert Carroll								lice				
D BE	19a. INFORMANT'S NAME (Type/Print)		190						loute Number, (
우	Mrs. Mary Brand	ch		206	Fle	emi	ng I	or.	Ba	lto	., M	ld.	21222
	20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Remo	val from State	20b. PLACE other pla	OF DISPOS	SITION (Na	me of cen	netery, cren	natory or		20c. LO	CATION	City or To	wn, Stata
	Surfel 2 Cremetton 3 Removal from State Other place) New Cathedral Cem. Balto., Md.										d.		
	James		ation.		Ja	ame	s A.	Mo	rton				
- 64	//	770		and Da	17	701	Lau	ren	s St.	Ва	lto.	Md	21217
	23. PART i Entar the diseases, or conshock, or heart feliure. L iMMEDIATE CAUSE (Fine) disease or condition	lst only one ceus	e on each line).			-nex -	ing, sucr	n aa cardiac	or reap	iratory an	rest,	Approximate Interval Between Onset and Death
	a. Acute Myocardial Infection DUE TO (OR AS A CONSEQUENCE OF):												
S	Sequentielly list conditions,												
MEDICAL CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING										į		
FI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):									
ERI	resulting in death) LAST												
C											. WERE AUTOPSY FINDINGS		
SCA	Hypertension Performed?									AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEC	Non-	Insulin	depende	nt Di	iabet	es l	Mell	itus			X		1 YES 2 NO
	Arte	rioscler	otic Ca	rdiov	/ascu	lar	Dis	ease					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF C	DEATH (Che	eck only one)				
14S	1 YES 2 NO	1 Inpatient 2 I	· ·	28b. TIM		28c. INJ		ealdenca	6 Other (S)		INJURY OC	CHRED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De			M	WO	YES 2 [] NO					
	3 Suicide 8 Could not be 4 Homicide determined		INJURY At ho nc. (Specify)	ome, farm, :	street, fact	ory, offic	a		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINED	CIAN: To the beat of r											s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MP					29c. LIC	ENSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIN					mor	e. M	D 2	1206				-
Wyman Wong M.D. 6801 Belair Rd. Baltimore, MD 21206 31. DATE FILED (MONIN, DA PAR 2 4 199) APR 2 4 199) APR 2 4 199													
	31. DATE FILED (Month, Day PR 2 4	32 REGISTRAS											

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



-	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnel park	į	
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	bosp (stache		nce.
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	24 hou	filled	ion, or	the m
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	tificate	g physi	ene pr	ther t
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	require	een sig	of He	shows
	Ne law	has b	Dept.	п 23
	IAN: I	tificate	e State	or iter
	HYSIC	his cer	with th	ked,
	DING	After 1	death	s mar
	ATTEN	CIOR	s after	28
	AL DR	L DIRE	2 hours	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	OSPITA	UNERA	ithin 7.	ANT: 1
	THE	THE R	filed w	PORT
	2	2	2	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	H		REG. NO.

FOR STATE REGISTRAR	STATE OF			MENT OF H	EALTH AND	MENTAI	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Midd Gerald	le, Last)		ARRISON	SR.		2. DATE MONTH	of DEATH DAY	, 199	YEAR	11:32 P
4. SOCIAL SECURITY NUMBER 233 50 3728 90. FACILITY NAME (If not institution	5. SEX	6. AGE (In yrs. A	YRS.	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Oet		37	Country's	
Franklin &			,		SVILLO	EATN			timo	
	Baltimore		10c. CITY,	DWN OR LOCAL LSSEX	TION				1	I. INSIDE CITY LIMITS? YES 2 1 NO
00. STREET AND NUMBER	iams Ave.			10	1. ZIP CODE 21221				N OF WHAT	COUNTRY?
1. MARITAL STATUS Never Married 2 Married Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	ARMED NO	If yes, s	CENDENT OF HISPA Hecity Cuban, Maxico 3 2 K NO Special	in, Puerto I		r No— 1	4. RACE — . Black, Wi Specify:	American indian, hite, etc. White
15. DECEDEN (Specify only high Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5		Give kind of wor lie. Do NOT use a	BUAL OCCUPATI It done during m retired.)	ON ost of working	16b	KIND OF BUSH	ess/indu		
7. FATNER'S NAME (First, Middle, James Ha)					18. MOTNER'S NA	ME (First,	Middle, Maiden S. Rawling	urname) 3 S		
Joan C. Har		1	1624	DDRESS (Street	and Number or Rural	Route Num	ber, City or Town, timore,	State, Zip C	2122	1
Ammediate Cause (Final disease or condition resulting in death) Sequentielly list conditions from the cause of condition resulting in death) Sequentielly list conditions from the cause of cause or injury that initiated events resulting in death) LAST	s. Carc DUE T C.		s Shock Sequence of: Ardial BEOUENCE OF:	Infarc		n aa cen	diac or reepin	atory arre	st,	Approximate interval Between Onset and Das
Hyperten:		o deeth but no	t resulting in	tha underlyli	ng causa given in	Part I.	24a. WAS AN A PERFORM 1 TYES 2	MED?	CO OF	RE AUTOPSY FINDING RILABLE PRIOR TO MPLETION OF CAUSE DEATH?
5. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HQSPITAL:	☐ ER/Outpatient		OTHER:	LACE OF DEATH (C		71.31			
7. MANNER OF DEATH	28a. DATE (28b. TIME INJU	OF 28c. IN	me 8 Realdence JURY AT ORK? YES 2 NO		SCRIBE NOW IN	JURY OCC	JRED	
3 Suicide 6 Coul	28e. PLACE	OF INJURY — At g, etc. (Specify)	home, farm, str	eet, factory, off	ca		CATION (Street ar or Town, State)	nd Number o	or Rural Rout	e Number,
Control only	NG PNYSICIAN: To the beat				death occured at th	e tima, dat		due to the	cause(a) ar	
O, NAME AND ADDRESS OF PE	RSON WHO COMPLETED CA	MA DEATH (I	TEM 27) (Type, I	Print)	1036	53	5	DATE	SIGNED (M	onth, Day, Year)
Marc Le	effer MD. 9	1000 Fra	nklin	Square	Drive 2	21237				

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Jose C. Farrison, Mile 1859 Lillans SWn. Faltison, Mile Store Joseph Content Content (1855) 25 Feb. 2000. Do., Md.

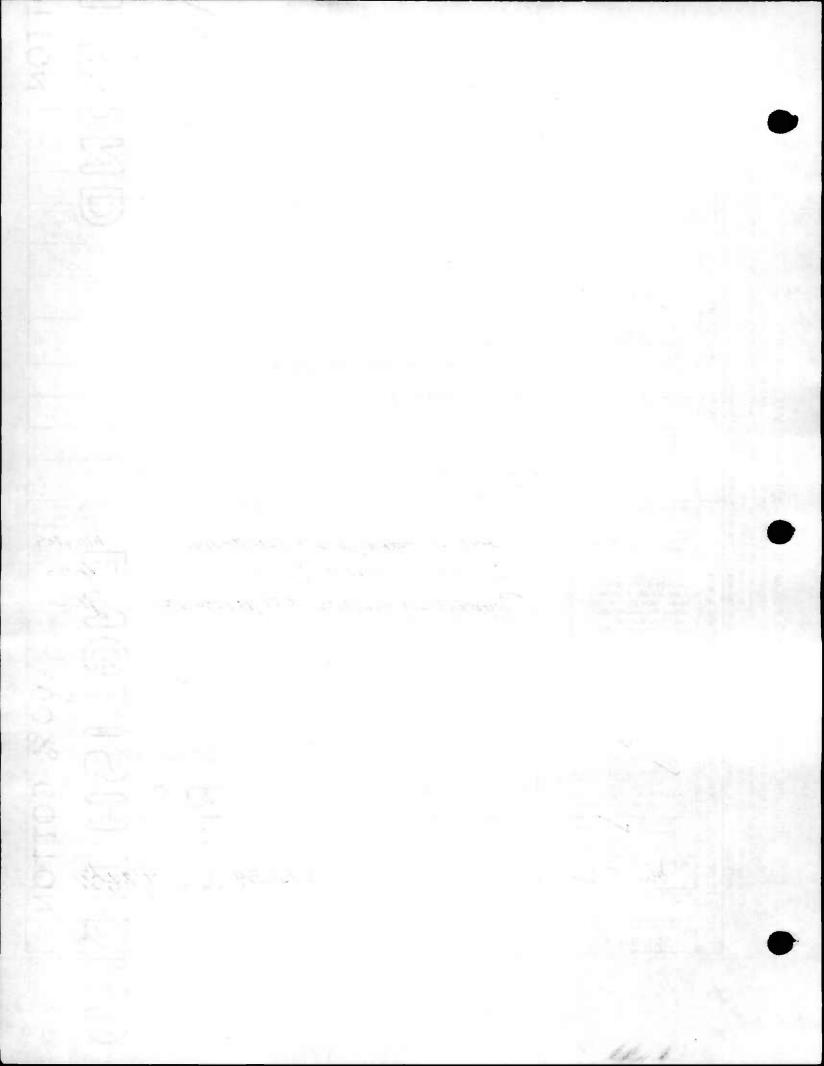
As the leaves assistant

DHMH-18 Rav 1/89

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FOR STATE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	EMMETT	H00KE	SR.		April 19,	1991 ^{**}	М			
	4. SOCIAL SECURITY NUMBER 216-12-9645	1 🕅 M 2 🗆 F	GE (In yrs. last birtnday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 1,	922	Maryland Maryland			
OR	99. FACILITY NAME (If not Institution, give s 6701 Maxalea Ro RESIDENCE OF DECEDENT	ALL CONTRACTOR OF THE PARTY OF			eleigh	EATH	Sc. COUNTY OF DEATH Baltimore				
ត្ត	10a. STATE 10b. COUNT	γ	10c CI	Y, TOWN OR LOCA	ION			10d. INSIDE CITY			
FUNERAL DIRECTOR	Maryland 10e. STREET AND NUMBER	10110000	100.01	Balt	imore Ci	ty	LIMITS? 1 X YES 2 NO OF WHAT COUNTRY?				
NERA	1426 Winston Av				21	239	ed States				
B⊀	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	ER IN U.S. ARMED YES 2 NO OR DATES	13. WAS DEC If yes, sp 1 — YES	RACE — American Indien, Bleck, White, etc. Specify: White							
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUST	RY			
COMPLETED	(Specify only highest grade	Ilfe. Do NOT u	(Give kind of work done during most of working life. Do NOT use retired.) Maintenance								
8	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
BE C		Ε.	Hooke			garet		rney			
-	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tov	vn, State, Zip Coo	de)			
유	Marie A. Hooke		142	6 Winsto	n Avenue	Baltimore	e, Mary	land 21239			
	20e. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗀 Donation 5 🗀 Other (Specify)	oval from State	of cemetary, cremetor St. Mary		or Town, State re Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Milton	A Knight J	r	nd address of fa		212	14 rford Road			
	23. PART I. Enter the diseases, or	1/11-11-1	w 10.								
N	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease pr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): COROWARY PRIEMS DISEASE L. COROWARY PRIEMS DISEASE										
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseeea or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS & HYPERTER SION DUE TO (OR AS A CONSEQUENCE OF): d.										
EDICAL	PART II. Other eignificent condition	na contributing to date	nth but not resulting	In the underlying	g cause given in	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
Σ						_ 1		1 - YES 2 - NO			
Z	or was over										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 D NO	HOSPITAL:		OTHER:	LACE OF DEATH (C						
ΥS		1 Inpetient 2 ER				6 Other (Specify)					
Y PH	27. MANNER OF DEATH 1. Natural 5 Pending	26e. DATE OF INJ (Month, Day,)		JURY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide delermined	28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)	street, factory, offi							
COMPLETED	one)	ER: On the best of my						puse(e) end menner as stated.			
BEC	290. SIGNATURE AND TITLE OF CENTIFIE	R			29c. LICENSE NU	MBER	29d. DATE SI	E SIGNED (Month, Gay, Year)			
	John Mage	~			2/65	34	- 4/	2491			
5	John F. Rogers				l. Baltim	ore, Mary	land	2			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		GACIIDIA(. Duitin	iore, nary.	LUTIU				
	ADD 9 / 1004	2									



31. DATE FILED (Month, Day, Year) PR 2.4 1991

Ebrahim Ipakchi

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

2

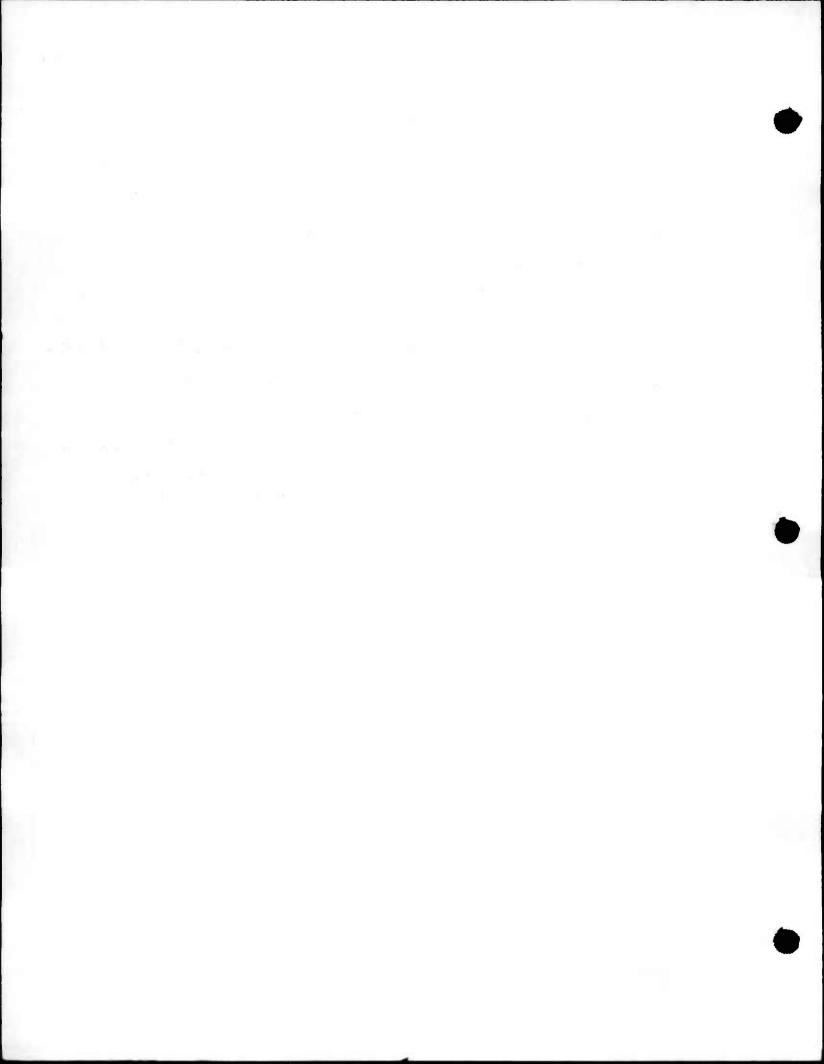
	FOR STATE (1 - REGISTRAR			MENT OF H		MENTAL HYGIEN REG. NO.	Ε					
	1. OECEOENT'S NAME (First, Middle, Last) THOMA Thomas V. Hickey				DEATH	2. DATE OF DEATH MONTH DA	LY Y	3. TIME OF DEATH				
						4/21		6:45 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX 12-03-0932 1 M m 2 0	6. AGE (In yrs. A		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/27/1912 Maryland						
	9e. FACILITY NAME (If not institution, give atreet end numb			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH				
DIRECTOR	Stella Maris			n, Maryla		timore						
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY					
	Maryland				imore			1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 14 E. Madison Stre	at		101.	21202		N OF WHAT COUNTRY? U.S.A.					
Y.	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S. A	RMED	13. WAS DECL		IIC ORIGIN? (Specify Yes	. RACE — American Indian,					
B	↑ Never Merried 2 Merried FORCES 3 Widowed 4 Divorced FORCES	1 TYPES 2	wwll	If yee, spe		n, Puarto Rican, atc.)	Black, White, etc. Specify: White					
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. C	ECEDENT'S U	SUAL OCCUPATIO	ON at all working	16b. KIND OF BU	TRY					
COMPLETED	Elamentary/Secondery (0-12) College (1-4	0(5+)	Clerk	rk done during mos retired.)	St Or WORKING	Norton 1	Lilly	Steamship Co.				
Σ	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)								
BE C		Hickey	Nel		Nòon							
	19e. INFORMANT'S NAME (Type/Print)	1	19b. MAILING A	ADDRESS (Street as	nd Number or Rural F	Route Number, City or Tow	n, Stete, Zip Co	ode)				
2	Joseph E. Hickey 2810 Summit Ave. Baltimore, Maryland 21234											
	20e. METHOO OF OISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ID ADDRESS OF FA							
	► Wallace S. B.	roobs, 2	1.			uneral Hor d, Towson						
	23. PART i. Enter the diseases, or complication							t, Approximete				
	ahock, or heart feilure. List only one cause on sach line. IMMEDIATE CAUSE (Finsi Onset and Dasth											
	disesse or condition	etastatic	Cance	r of th	e Stomac	yb.						
	resulting in destri)	311										
7	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate couse. Enter UNDERLYING											
FIC	CAUSE (Disease or Injury	UE TO (OR AS A CONS	EOUENCE OF)	:1								
ERT	resulting in deeth) LAST											
_	PART ii. Other significent conditions contributi	ng to deeth but not	t resulting in	the underlying	g csuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
SC						1 YES :		COMPLETION OF CAUSE DF DEATH?				
MEC								1 TYES 2 NO				
-			-									
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)						
SIC	EXAMINER? HOSPITA 1 YES 2 V NO 1 Inpetter	L: nt 2 ER/Outpatient		OTHER:	e 5 🗆 Reeldence	s Other (Specify)						
PHYSICIAN: MEDICA	27. MANNER OF OEATH 26e. DA (M	URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED							
D BY	S Could not be bu	ACE OF INJURY — At Ilding, etc. (Specify)	home, lerm, st		1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
ETE.	4 Homicide determined		_									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beautiful one one of the beautiful one one of the beautiful one one of the beautiful one one of the beautiful o					•						
BE C	296. SIGNATURE AND TITLE OF CERTIFIED	200	_		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)				

29c. LICENSE NUMBER 25686

2300 Dulaney Valley Road

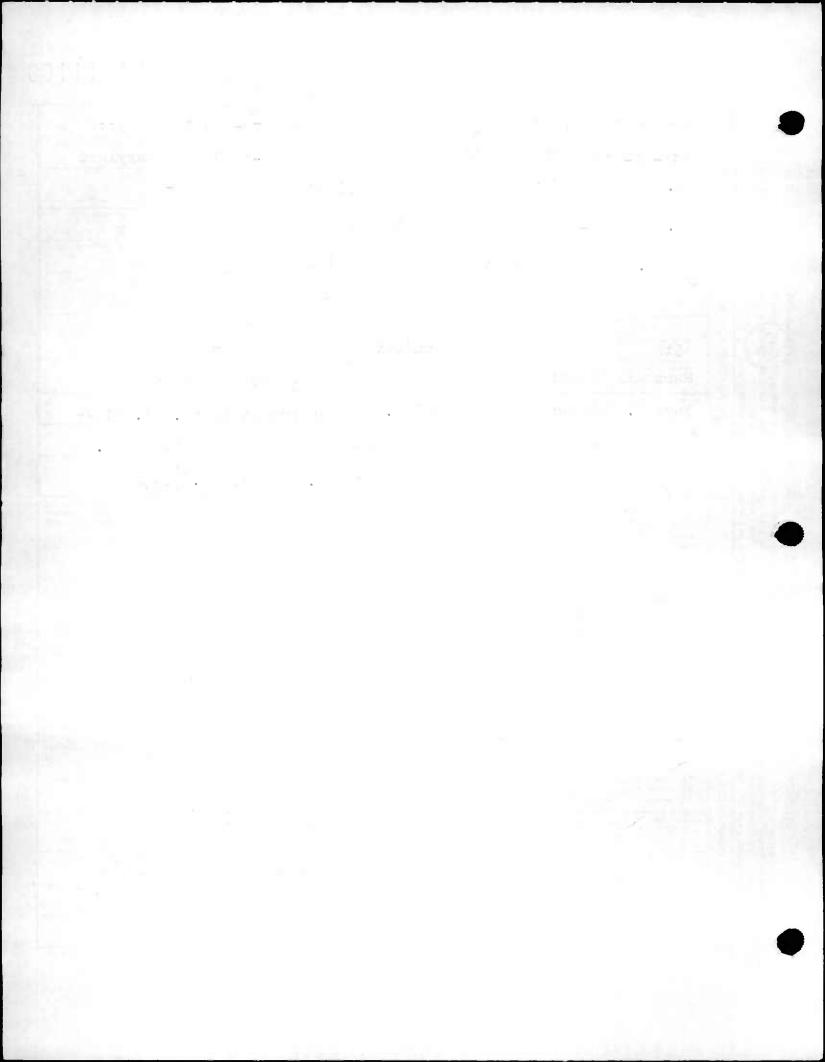
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Cert	ding	5
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ires th	signed	58.00
equires th	en signed of Health	hows a
aw requires the	s been signed of . of Health	3 shows a
he law requires the	has been signed Dept. of Health	m 23 shows a
i: The law requires the	cate has been signed state Dept. of Health	Item 23 shows a
CIAN: The law requires the	artificate has been signed he State Dept. of Health	or Item 23 shows a
YSICIAN: The law requires the	s certificate has been signed in the State Dept. of Health	ed, or Item 23 shows a
PHYSICIAN: The law requires the	this certificate has been signed with the State Deot, of Health	arked, or Item 23 shows a
ING PHYSICIAN: The law requires the	After this certificate has been signed leath with the State Dept. of Health	marked, or Item 23 shows a
ENDING PHYSICIAN: The law requires th	IR: After this certificate has been signed or death with the State Deot. of Health	Is marked, or Item 23 shows a
ATTENDING PHYSICIAN: The law requires the	CTOR: After this certificate has been signed after death with the State Dept. of Health	28 Is marked, or Item 23 shows a
OR ATTENDING PHYSICIAN: The law requires the	DIRECTOR: After this certificate has been signed ours after death with the State Deot. of Health	tem 28 Is marked, or Item 23 shows a
AL OR ATTENDING PHYSICIAN: The law requires the	AL DIRECTOR: After this certificate has been signed in hours after death with the State Dept. of Health	If Item 28 Is marked, or Item 23 shows a
SPITAL OR ATTENDING PHYSICIAN: The law requires the	IERAL DIRECTOR: After this certificate has been signed in 72 hours after death with the State Dept. of Health	IT: If Item 28 Is marked, or Item 23 shows a
HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	FUNERAL DIRECTOR: After this certificate has been signed within 22 hours after death with the State Deut, of Health	TANT: If Item 28 Is marked, or Item 23 shows a
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 24 hours after death. Page 6 may be retained by the sea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be duned have a provened for the funeral with the State Dect. of Health and Mental Horiere prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

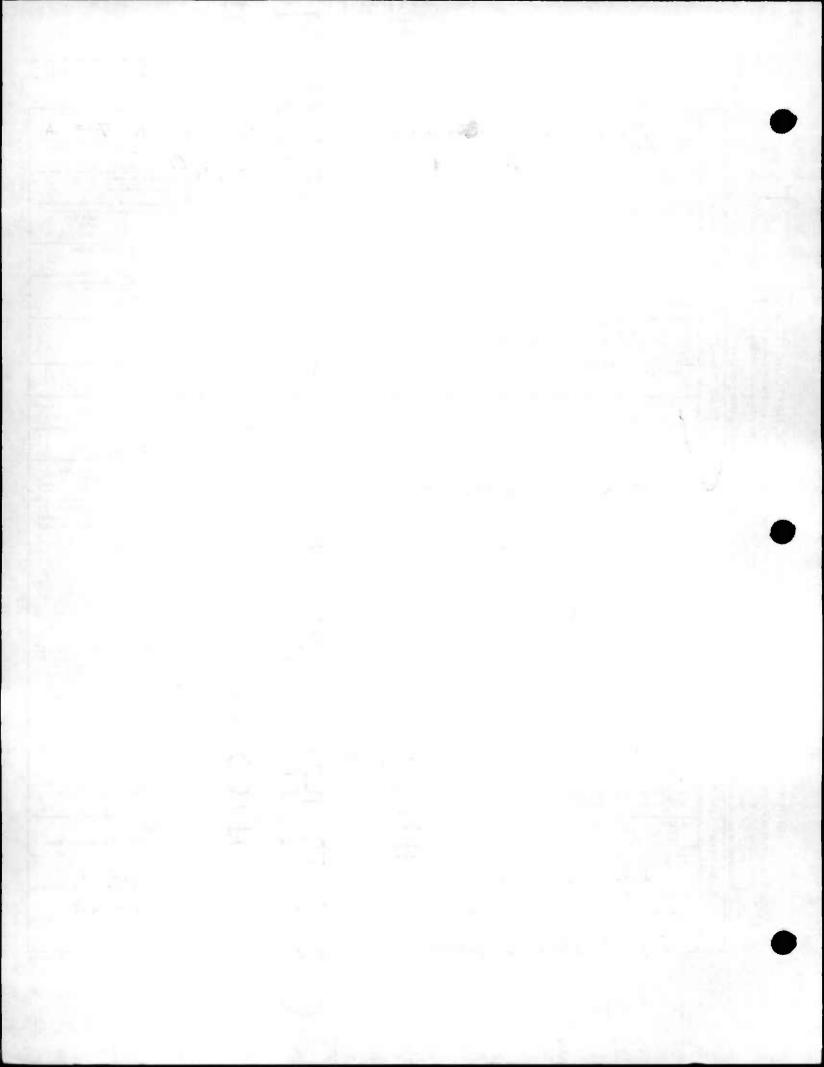
	1. DECEDENT'S NAME (First	, Middle, Last) Vann	Johnson							ALCHEN DAY YEAR				3. TIME OF DEATH 3:30 PM	
	4. SOCIAL SECURITY NUME	BER	5. SEX	10'			IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign		
	218-92-2	185	X2 M 2 □ F 12		2 YRS. MON		HS DAYS HOURS		MIN.	2-18 79		Mar		ryland	
5	St. Agnes Hospital						96. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH —								
5		RESIDENCE OF DECEDENT													
	Md.	10b. COUNT	Bal	city, town on Location ltimore							10d. INSIDE CITY LIMITS? 12 YES 2 NO				
CHAL	505 N. Ed		10f. ZIP CODE 21229					10g. CITIZEN OF USA			WHAT COUNTRY?				
DT FUNERAL DIRECTOR	11_MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Maxicon, Puerto 1 YES 2 NO Specify:				n, Puerto Ri	17/12/19/04/2017			E — Americen Indien, k, White, atc. ACK	
COMPLEIED	(Specify only highest grade completed) ((Specify only highest grade completed) ((Specify only highest grade completed)					EDENT'S USUAL OCCUPATION Is kind of work done during most of working NOT use retired.) tudent				16b. KIND OF BUSINESS/INDUSTRY			to.		
COM	17. FATHER'S NAME (First, Middle, Lest) Marshall Thomas						16. MOTHER'S NAME (First, Middle, Melden Surneme) Faye Yvonne Johnson								
O BE					1			_							
2 m	Faye Y.	GADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) N. Edgewood Street Balto. Md.													
	a METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) □ Wester						osition (Name of cameter); crametory or 20c. Location — City or Town, State Baltimore Md.						The second secon		
21, SIGNAZURE OF FUNERAL SERVICE LICENSEE W. NAME AND ADDRESS OF FACILITY WALLACE TURETAL SERVICE									rvic	e 1229					
CERTIFICATION	disease or condition resulting in death) s										Onset and Death				
H.	that initisted events resulting in death) LAST														
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FE AWAILABLE PRIOR TO COMPLETION OF DEATH? 1 YES 2 NO											b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL	i		OTHER	1:			heck only one					
2	27, MANNER OF DEATH		1 Inpatient 2		etlant 3 DOA		_	me 5 R	lesidence	6 Other	(Specify)	IN HIPV O	OCUBED		
2 2	~	Pending Investigation	(Month,	Day, Year)	IN	M	1 🗆	YES 2	□ NO						
9	3 Suicide 8 S	3 Suicide 8 Could not be 28e. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										Route Number,			
COMPLE	one) 2 MEI	DICAL EXAMIN												(e) end menner ae atated.	
O BE	29b. SIGNATURE AND TITL	1	8 M	0				29c, LIC	ENSE NU	MBER 458	34	29d. DA	TE BIONE	3/91	
	30. NAME AND ADDRESS O	MCL6	S I	St OF DEA	HUBI	Print)	M	·D-	>	01.	57.1	PAU	LP	1. Situal	
	31. DATE FILED (Month, Day, Year) APR 2 4 1991 "32. REGISTRAR'S SIGNATURE														



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH		
		MINGS	Jenr	nings	04 16	9 91	7:20 Am		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In $212-09-6051$ 1 \square M 2 \square F		DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign nity) Maryland		
	9a. FACILITY NAME (If not institution, give street and number)	91		LOCATION OF DE	ATH /	9c. COUNTY OF			
R	St.Agnes Hospital		Ba1t	co.City	,Md.				
5	RESIDENCE OF DECEDENT								
	10a. STATE 10b. COUNTY		TOWN OR LOCATI	ty,Md.			10d. INSIDE CITY LIMITS?		
	Maryland	Бо			1 X YES 2 □ NO				
ERAI	1222 Marshall St.	101.	101. ZIP CODE 10g. CITIZEN OF WHAT COURS USA						
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried FYER IN FORCES? 1 YES	2 XNO	If yes, spe		IIC ORIGIN? (Specify Yearn, Puerto Ricen, alc.)	Ble	CE — American Indian, ack, White, etc.		
	3 ₩ Widowed 4 Divorced						White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	BUAL OCCUPATION k done during most	N t of working	16b. KIND OF BU	SINESS/INDUSTRY			
E	Elemantary/Secondary (0-12) College (1-4 or 5+)		30 27 1		0	TT			
MP	6th.Grade	Homen	naker			Home			
8	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		ington		
BE	John Neiss			Pauli			ington		
2	Mr.Willard Kraft	196. MAILING AT			Route Number, City or Tow Glen Bur		21061		
		PLACE AND DATE O				CATION — City or			
	1 Sy Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	len Have	en Memo	orial P	K 4/22G1e	n Burn	ie,Md.		
į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	a		ADDRESS OF FA	В		d.21230 E.fort Ave.		
	OR PART I State the discussion of the little	0							
	23. PART i. Entar tha diseases, or complications that ceused shock, or heart failure. List only one cause on set IMMEDIATE CAUSE (Finel disease or condition	Pulm.			n as estolac or reap	ratory arrest,	Approximete Interval Between Onset and Death		
	resulting in deeth) a. DUE TO (OR AS A	CONSEQUENCE OF):	55000						
z	CH+,	ASCVI	> ·						
2		CONSEQUENCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated events DUE TO (OR AS A (CONSEQUENCE OF):							
5	d								
اب	PART II. Other aignificant conditions contributing to death but	t not resulting in	tha underlying	cause given in	Part i. 24a, WAS AN		4b. WERE AUTOPSY FINDINGS		
2					PERFOI	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						7	OF DEATH?		
2					- 1		1 YES 2 NO		
M	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 No inpatient 2 ER/Outpa		THER:		8 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME (OF 28c, INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCURED			
ВУ Р	Netural 5 Pending (Month, Day, Year) Accident Investigation	INJUF		RK7 ES 2 NO					
	3 Suicide 8 Could not be 28e. PLACE OF INJURY building, etc. (Special Council	Al home, farm, stre	eet, factory, office		281. LOCATION (Street City or Town, State,	and Number or Run	al Route Number,		
COMPLETED	4 Homicide determined	"			Only of Town, Olato,				
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	dge, death occurred	at the time, date	and place, and due	to the ceuse(a) and ma	nner as stated.			
O	One) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigation,	In my opinion, de	eath occured at the	Hme, date and place, as	nd due to the caus	e(a) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	WBER		IED (Month, Day, Year)		
	Dojourns - Medica					D 04/	19/91		
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)		۸.				
	BIKRAM JOHAR ; ST AGINES	HOSP,	400 C	ATON /	TVENUE	BALT	MORE		
	BIKRAM JOHAR; ST AGNES 31. DATE FILED (Month, Day, Vobr) 32. REGISTRAR'S SIGNA 1091 Julia	TURE	24.003						
	PR 2 4 1991 Julia	Davidson-1	orlocate						



1 - FOR STATE REGISTRAR	8	STATE OF MAR			MENT OF H		MENTAL HYGIENE REG. NO.	E			
1. DECEDENT'S NAME (First	Middle, Last)	JOSIE SF	PARKS	JOHNST	TON		2. DATE OF DEATH MONTH DAY	0	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER			GE (In yrs. las	MC	FUNDER 1 YEAR	ER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign					
093-01-8786 9a. FACILITY NAME (If not in		M 2 F	84	YRS.	ONTHS DAYS HOURS MIN. 12-14-1906 VIRGINIA B. CITY, TOWN OR LOCATION OF DEATH OC. COUNTY OF DEATH						
BEL AIR CON				91		L AIR	AIN	HARF			
RESIDENCE OF DEC				100 CITY T	OWN OR LOCA				10d. INSIDE CITY		
MARYLAND	ARYLAND BALTIMORE					DUNDAL L ZIP CODE		LIMITS?			
	100. STREET AND NUMBER 2425 PLAINFIELD ROAD							10g. CITIZEN OF	S.A.		
11. MARITAL STATUS		WAS DECEDENT EVE			13. WAS DEC	21222 CENDENT OF HISPAN	NC ORIGIN? (Specify Yea		E — American Indian, ik, Whita, atc.		
1 Never Married 2 2 3 Wildowed 4 Dive		FORCES? 1 Y		NO	If yes, sp 1 TYES	ecify Cuban, Maxica 2 NO Specif	n, Puarto Rican, etc.) /:	Spec			
15, DEC (Specify onl	EDENT'S EDUCATION And American Education (Company American	DN pleted)	16a. DE	ECEDENT'S US	WAL OCCUPATI k done during me etired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY			
10 YEARS	N	ollege (1-4 or 5+) /A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RECE1		BALTIM	ORE COUN	ту .		
17. FATHER'S NAME (First, Middle, Lest) THOMAS JOHN JOHNSTON GERTRUDE LACEY											
19a. INFORMANT'S NAME (N .	19	b. MAILING AD	DRESS (Street		RTRUDE LACI				
J. THOMAS JO	HNSTON					FACTORY			YLAND 21014		
20a, METHOD OF DISPOSIT	ION on 3 - Removal	from State	20b. PLACE other p.	OF DISPOSITI	ION (Name of ce	metery, crematory or	20c. LOC	CATION — City or T	own, Stata		
4 Donation 5 Other	(Specify)		BEL A	IK MEN		4-24-199 ND ADDRESS OF FA		AIR, MA	RYLAND		
ho	Ln	Tus	4/	<i>'</i>	PUDA-R	UCK FUNE ISE AVEN	RAL HOME OF		K, INC. 21222		
23. PART I. Enter tha d	Iseasea, or com	plicetiona that cau	sed the d	eath. Do not					Approximate Interval Between		
iMMEDIATE CAUSE (Fit disease or condition resulting in death)	nal	CAMI	0-0	ulmo	MAN,	V AR	NEST		Onset and Death		
		ARTEN	AS A CONSE	GUENCE OF):		,	Man To D	(510			
Sequentially list condit	lons,	DUE TO (OR	AS A CONSE	OUENCE OF):	WILC	1151	MIC) D	L) CASE			
If any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Init	ING	AMTEN	40	suf	nosi	1 6	BMBY2A	4201	?		
that initiated events reaulting in death) LAS		DUE TO (OR	AS A CONSE	GUENGE OF):	*OLM	e de la compansa de l	upp A	2 - V2			
	d	KE	LIV					EGVEN			
PART II. Other algorifica	upper	ontributing to dear	th but not			g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE		
HARRI	EPHN	DWA,	MEJ	1171	TIC		_ (\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"	DF DEATH?		
25. WAS CASE REFERRED T	O MEDICAL				26. P	LACE OF DEATH (Ch	eck anly one)				
EXAMINER?		OSPITAL: Inputient 2 ER/	Outpatient :		Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)				
27. MANNER OF DEATH	Pending	28a. DATE OF INJU (Month, Day, Ye		26b. TIME (Y W	JURY AT DRK7	28d. DESCRIBE HOW II	NJURY OCCURED			
Accident	Investigation	28e. PLACE OF INJ	URY — At b	ome farm etre		YES 2 NO	26f. LOCATION (Street a	and Number or Rural	Boute Mumber		
4 Homicide	Could not be datarmined	building, atc.	Specify)	ome, mini, en	ret, rectory, orn		City or Town, State)	IND REGIMENT OF FIGURE	note rumon,		
oppl -							to the cause(a) and man				
29b. SIGNATURE AND TITLE			and it allows		m my opinom,						
130	nola	y	M	1		29c. LICENSE NU	8791	DATE SIGNE	(Month, Die (Year)		
30. NAME AND ADDRESS O	TEY Z	A M D	DEATH (LTT	M 27) (Typy). PI	J.	MAIN	57. BB	-ARR	my 210ex		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

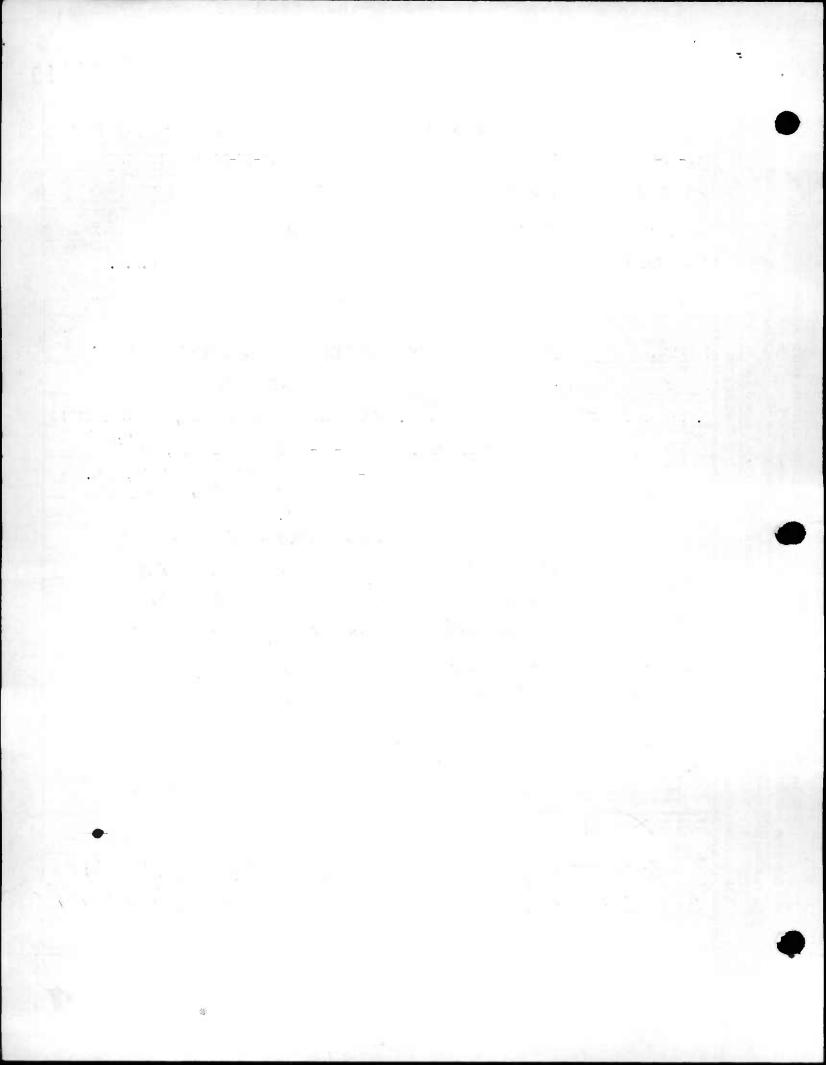
IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. rurs after death. Page 6 may be retained by the hospital or attending physician TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
APR 2 4 199

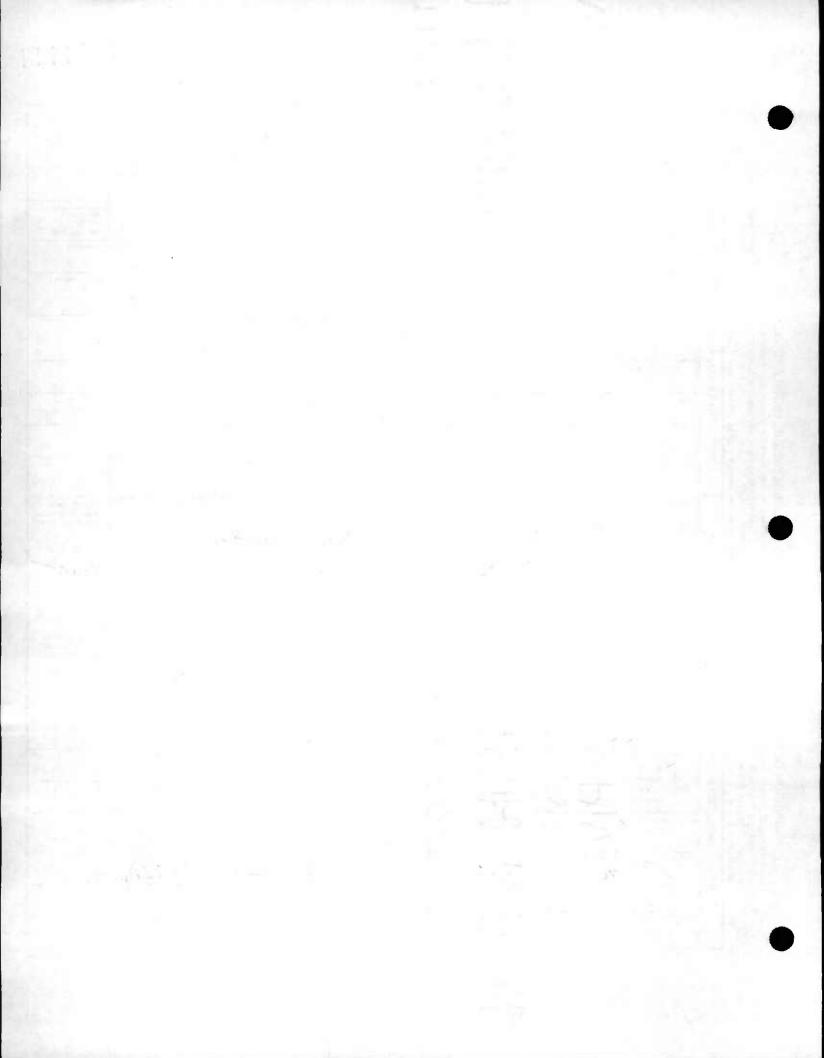
TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Ray 1/89



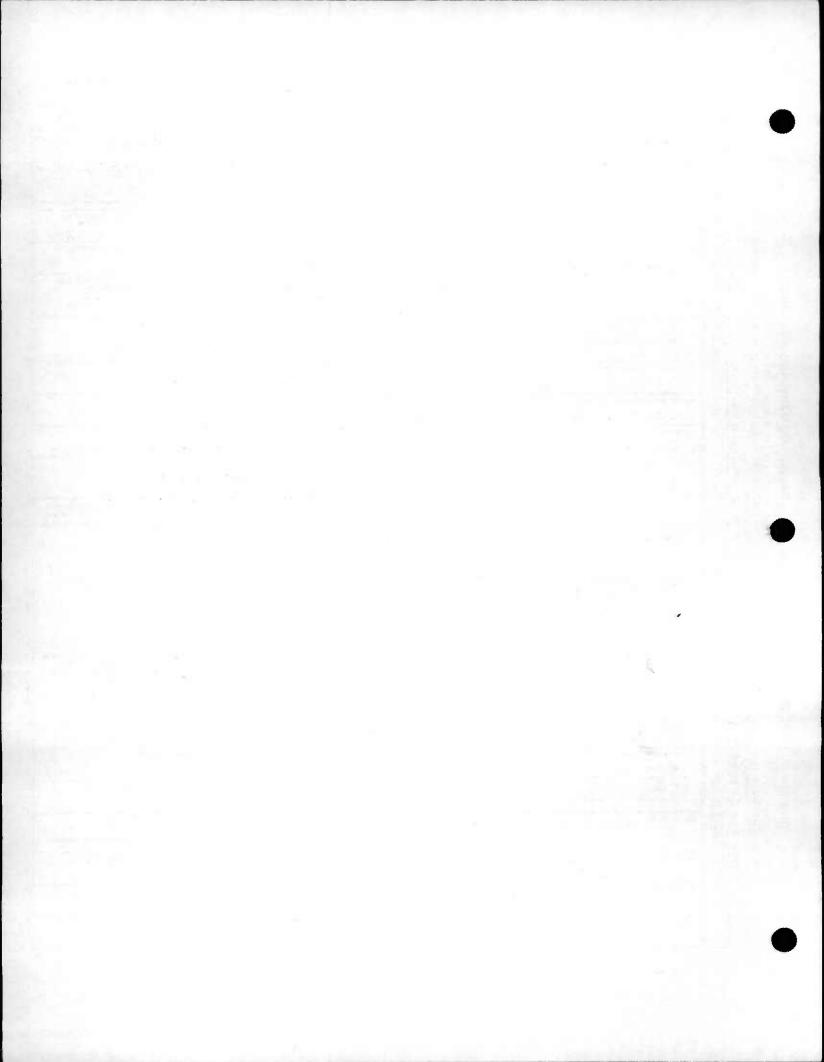
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DOI DOI DO		Once.
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Silverio de deserio		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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and and	crem	rvent,
200	burial	atic (
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your	prior	Trail
2	ath with the State Dept. of Health and Mental Hygiene pri	r othe
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5	and	À
are has been signed	Jeaith	WS 3
100	. of	sho
100	Dept 1	23
Care	State	Herr
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CILI	With	ked,
DIC	death	mar
5	fter	00
5	10	2

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF						YGIENE EG. NO.			
1	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF (,	YEAR 3.	TIME OF DEATH
Ĭ		V. KELLEY						4-21-	1991 TAY			6:00 A.
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE OF E		8	. BIRTHPL Country)	ACE (State or Foreign
1	278-14-4307	1 X M 2 🗆 F 7	2 YRS.	MONTHS	DATS	HOUNS	Merry.	3-2-19	19		Ohio	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, 1	TOWN O	R LOCATIO	ON OF DEA	TH		c. COUNT	Y OF OEAT	тн
DIRECTOR	1529 Woodbourne Ave.			Baltimore								
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~	1.0	Y, TOWN OR								
E		,				ION						Dd. INSIDE CITY
	Maryland 100. STREET AND NUMBER		Baltimo	-						_	YES 2 NO	
RA					ZIP CODE			- 1			AT COUNTRY?	
N.	1529 Woodbourne Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. (4)			Lance		21239				U.S.		
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 X Married FORCES? 1 YES 2 X			yes, spe	elfy Cuba 2 X NO	n, Mexican, Specify:	C ORIGIN? (S , Puerto Ricer	pecify Yea or n, atc.)	No- 14	Specify:	
ED	15. DECEOENT'S EOL		16a. OECEDENT'S	USUAL OC	CUPATIO	N		16b. KIN	O OF BUSIN	ESS/INDUS	_	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done du se retired.)	unng mos	si of workin	g					
TO BE COMPLETED	12	Painter	^				Apar	rtment	Bldgs			
	17. FATHER'S NAME (First, Middle, Last)			-		16. MOTI	HER'S NAM	E (First, Middl	e, Malden Su	mame)		
	Clark P. Kelley					Cla	ıra B.	. Zinn	ecker			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	oute Number, (City or Town,	State, Zip C	lode)	
	Mary Lee Kellev	1529	Woodbo	ume	Ave.	. Balt	o., Md.	21239				
	20a. METHOD OF DISPOSITION 1	06. PLACE AND DAT	E OF DISPO	SITION	(Name		DATE			ty or Town	, Stata	
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	cemetary crematory	atory or other place) a 100 to 4					Balti	ltimore, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE				D ADDRES	SS OF FACI	ILITY			1 200	
	Hank L. Zirckel Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214											
10 to 10 to	23. PART 1. Enter the diseases, or	anh) Ire	W									W.,M. 2121
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Ventricular Dysrhythmin, acute. OUE TO (OR AS A CONSEQUENCE OF): Coronar Heart Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Year			
	PART II. Other significant condition	ns contributing to death	but not resulting	in the uno	derlying	ceuse	given in P		I. WAS AN AL	ED?	A	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL								_ 1(_	YES 2	Y NO	0	F DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL										1	
2	EXAMINER?	HOSPITAL:		OTHER	t:	-	EATH (Chec					
IYS	1 VES 2 NO	1 Inpetient 2 ER/Ou				_		Other (Sp				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	IN	JURY	1 🗆 1	RK? /ES 2 [28d. DEŞCRI	BE HOW INJ	URY OCCU	JRED	
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Sp	ty At home, farm, ecify)	street, facto	ery, office			281. LOCATIO City or To	N (Street and wn, State)	d Number o	r Rural Rou	ite Number,
COMPLETED	//	SICIAN: To the best of my kno										and manner as stated.
8E	296. SIGNATURE AND TITLE OF STITLE O								Month, Day, Year)			
2	Marc I. Leavey, M.I	D., 7600 Osler [Dr., Towson		2120	4					1	
1	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	NATURE	•		-						
	APR 2 4 1991	hits vavasor-										



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) MARY B,	NAAPP		APP	2. DATE OF DEATH MONTH D	9/9/	613 PM			
	226-38-9698 226-38-9698 9a. FACILITY NAME (If not institution, give a	1 🗆 M 2 🖟	87 YRS. MONTH	DER 1 YEAR SF UNDER 24 HRS. BE DAYS HOURS MIN. STY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 8 13 10	9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ARIS HOS	pice /	owson		PAI	Himore			
DIRE	16 2	timore	Balo	n or location dwin			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10c. STREET AND NUMBER			101. ZIP CODE 21013			OF WHAT COUNTRY?			
SE	13033 PIEdSal				NIC ORIGIN? (Specify Yes		. S. A. RACE — American Indian.			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, Mexic 1 ☐ YES 2 ☐ NO Speci			Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	SINESS/INDUST	TRY				
PLE	Elementary/Secondary (0-12) 12	College (1-4 or 6+)	Secreta	*	Baltim	ore Cou	unty			
	17. FATHER'S NAME (First, Middle, Last)	2.7			AME (First, Middle, Maiden					
B	John 19a. INFORMANT'S NAME (Type/Print)	Russell	10h MAII ING ADDR	Marg ESS (Street and Number or Rural		Fields				
2	Margaret M. Marar	nto		As #10	Houte Number, City of low	vn, State, Zip Coo	20)			
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State									
	4 Donation 5 Nother (Specify) 121. SIGNATURE OF FUNERAL SERVICE LI			Lev Mausoleum 22. NAME AND ADDRESS OF F		Timoniu	m. Maryland			
	► Wallace		21.	Ruck Towson	Funeral Ho					
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Prev m	CONSEQUENCE OF):		, E		Approximate interval Between Onset and Death			
- 1		11 8	al UA	scular	Accide	nt				
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):				2/26/91			
L CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):		Part I. 24a, WAS AN	4 AUTOPSY	2/26 191			
SE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF):			N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF):	underlying cause given in	1 Part I. 24a, WAS AN PERFO	N AUTOPSY RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	c. DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the		1 Part i. 24a. WAS AN PERFO	N AUTOPSY RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	c. DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the state of t	26. PLACE OF DEATH (C	1 Part i. 24a. WAS AN PERFO	N AUTOPSY RMED? 2 PNO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the standard standa	26. PLACE OF DEATH (COMER: Nursing Home 5 Pesidence 26. INJURY AT WORK? 1 YES 2 NO	heck only one) 6 Other (Specify) 24a. WAS AMPERFO 1 YES:	N AUTOPSY RIMED? 2 PRO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the attent 3 DOA 4 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA DOA D	26. PLACE OF DEATH (COMER: Nursing Home 5 Pesidence 26. INJURY AT WORK? 1 YES 2 NO	1 Part i. 24a, WAS AN PERFOI 1 YES : heck only one) 6 Other (Specify)	N AUTOPSY RMED? 2 PRO INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A d na contributing to death but HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the street of the consequence of	26. PLACE OF DEATH (C FER: Nursing Home 5 Residence WORK? 1 YES 2 NO factory, office	1 Part i. 24a, WAS AN PERFORM 1 YES : heck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	N AUTOPSY RIMED? 2 NO INJURY OCCUR! and Number or F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the street of the consequence of	26. PLACE OF DEATH (C FER: Nursing Home 5 Residence WORK? 1 YES 2 NO factory, office	1 Part I. 24a. WAS AN PERFO 1 YES: theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) a to the cause(a) and male time, data and place, a	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural	DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the state of t	26. PLACE OF DEATH (CAR) 28. PLACE OF DEATH (CAR) ER: 29c. INJURY AT WORK? 1 YES 2 NO factory, office	1 Part I. 24a. WAS AN PERFO 1 YES: theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) a to the cause(a) and male time, data and place, a	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the state of t	26. PLACE OF DEATH (CAR) 28. PLACE OF DEATH (CAR) ER: 29c. INJURY AT WORK? 1 YES 2 NO factory, office	1 Part I. 24a. WAS AN PERFO 1 YES: theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) a to the cause(a) and male time, data and place, a	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Property of the purial transition of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF			MENTAL HYGIEN		11113
	1. DECEDENT'S NAME (First, Middle, Last)	SCAR	Hugh	5 3				Š 4	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-01-2832	1 🖾 M 2 🗌 F	AGE (In yrs. lest bunday) 80 YRS.	MONTHS DAY	rs Houra	MIN.	7. DATE OF BIRTH (Month, Day, Year) March 25,	911 V	BIRTHPLACE (State or Foreign Country) 'irginia
TOR	9e. FACILITY NAME (If not institution, give str Liberty Medical (RESIDENCE OF DECEDENT				timore		ATH	9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 10b. COUNTY Maryland			y, town on Lo	e				10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \)
FUNERAL	100. STREET AND NUMBER 2315 Arunah Ave. 11. MARITAL STATUS	42 WAS DESTRUCTED	ED WILL A ADMED	Lee une	101. ZIP COD	6	IC ORIGIN? (Specify Ye	U. S	of what country?
ВУ	1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1XX IF YES, OIVE WAR	YES 2 NO DR DATES	If yes		ın, Maxicar	n, Puarto Rican, alc.)	1 or No 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 5th Grade	ATION completed) College (1-4 or 5+)	life. Do NOT u	work done during se retired.)	nost of worki	ing	18b. KIND OF BU		
BE COM	17. FATHER'S NAME (First, Middle, Lest) John Hughes	<u> </u>	<u> Wire</u>	Drawe	18. MOT		T Betnier ME (First, Middle, Maiden ughes		eel Corporatio
TO B	19a. INFORMANT'S NAME (Type/Print) Alice E. Hughes	٦	1		eet and Numbe	r or Rural F	Coute Number, City or Tow		*
	20s, METHOD OF DISPOSITION XXBurisi 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	/	20b. PLACE AND DAT of cemetary, cremator Arbutus M	y or other place) lemoria	1 Park		4/22 Balt	imore	County, MD
	21. SIGNATURE OF FUNERAL BERVICE LICE	Em &	·	Bal	timore	, Ma	ryland 2	1216	al Homes, Inc.
	23. PART I. Enter the disease, or c shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	lat Only one cause	on aech Ilna.		mode of dy	ring, suci	h aa cerdiac or resp	Iratory arrest	Approximete interval Between Onset and Death
z	resulting in death)	DUE NO (OR	AS A CONSEQUENCE OF	PF):					
CERTIFICATION	Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated graphs of the conditions). DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIF	that initiated events resulting in desth) LAST	1							
EDICAL	PART II. Other algorificant conditions	Remail	ith but not resulting	In the under	lying cause	given in	Part I. 24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HWO
NAI: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF (DEATH (Ch	eck only one)	• •	1 125 2 10
PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ER 28a. DATE OF INJ (Month, Day,)	URY 28b. TH	ME OF 280	. INJURY AT WORK?		6 ☐ Other (Specify) 28d. DEŞCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, etc.	JURY — Al home, ferm, (Specify)		YES 2 office	NO	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC (Check only one) 2 MEDICAL EXAMINE								ause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND LITTLE OF CENTIFIER	W.	Ro	un		SENSE NUI		29d, DATE S	IGNED (Month, Day, Year)

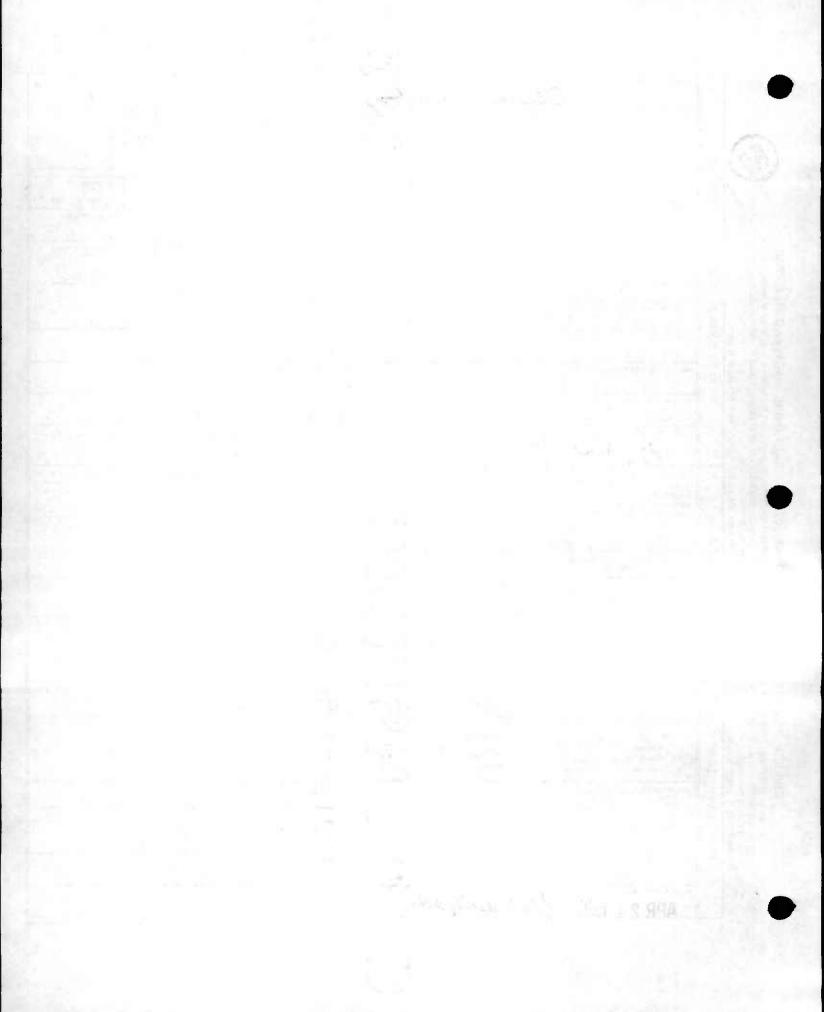
84

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10

RO

32. REGISTRAR'S SIGNATURE



3. TIME OF DEATH

2. DATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a source death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	COD.	
	1 - STATE REGISTRAR	STATE OF
	1. DECEDENT'S NAME (First, Middle, Last)	
	John Wa	
	4. SOCIAL SECURITY NUMBER	5. SEX
	213 03 7622	1 🔀 M 2 🗌 F
~	9e. FACILITY NAME (If not institution, give str	
ē	VAMC 9600 North	Point R
TO BE COMPLETED BY FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	
ä	Maryland	
AL	10e. STREET AND NUMBER	
ᇤ	415 S. Drew St	treet
5	11. MARITAL STATUS	12. WAS DECEDE FORCES?
∑	1 Never Merried 2 K Merried 3 Wildowed 4 Divorced	IF YES, GIVE
		ATION
1	15. DECEDENT'S EDUC (Specify only highest grade of	completed)
اڄ	Elementary/Secondery (0-12)	College (1-4 or 5
M	17, FATHER'S NAME (First, Middle, Last)	
ŏ	Jessie Holland	4
8	19e. INFORMANT'S NAME (Type/Print)	<u> </u>
임	Clin. Rcds. VA Med	dical Co
	200. METHOD OF DISPOSITION	alcar oc
	1 R Buriel 2 Cremetion 3 Remo	val trom State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE
	61) (1	N. 2
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MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

John W	alter Ho	lland						Apri]	22,		EAR	7:45 am
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. I	ast birthday)	IF UNDER	\rightarrow	IF UNDER		7. DATE OF	BIRTH		BIRTHPL	ACE (State or Foreign
213 03 7622	1 2 M 2 □ F	32	YRS.	MONTHS	DAYS	HOURS	MIN.	7 / 26 /		1	Country)	land
9e. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN O	R LOCATIO	ON OF DE		00	9c. COUNTY		
VAMC 9600 North	Point Ro	ad		Ft	Ho	ward	. Md	. 210	152	1	Ralt:	imore
RESIDENCE OF DECEDENT			,				, 110	. 210	,,,,	· · · · ·		
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCATI	ION					10	INSIDE CITY LIMITS?
Maryland Maryland				Balt	imor	e					17	YES 2 NO
10. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CITIZE	N OF WHA	AT COUNTRY?
415 S. Drew S	treet						2122	4		υ.:	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT I							IC ORIGIN? (S		or No- 14	RACE -	- American Indian, Vhite, atc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR			. .		2 A NO			.,,		Specify:	
			WW II									White
15. DECEDENT'S EDUC (Specify only highest grade	completed)	180. 1	Give kind of the. Do NOT u	work done	during mos	N st of workin	g	18b, Kil	NO OF BUS	SINESS/INOUS	TRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)		0					E	1 0	ivis (
0			Вщ	EL							•	
17. FATHER'S NAME (First, Middle, Last)						18. MOTH		ME (First, Midd		Surname)		
Jessie Hollan	d							ra OL				
19e. INFORMANT'S NAME (Type/Print)										n, State, Zip C		
Clin. Rcds. VA Me	dical Cen							Ft. I		d, Md		
20e. METHOD OF DISPOSITION 1 № Buriel 2 □ Cremetion 3 □ Remo	oval trom State	20b. PLAC other	E OF DISPO		-		,		-	CATION — CI		, State
4 Donetion 5 Other (Specify)			- Val	R Law	$\overline{}$		_			boout		•
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	O AOORES	SS OF FAC	CILITY			6224	ern Ave.
- Charle	D. 'Jul	Un			harl	es S	. Zei	ler &	Son	Inc.	East	enn Ave.
23. PART i. Enter the dieeeses, or o	omplications that	caused tha	daath. Do									Approximate
shock, or heert feilure.	List only one cause	on each li	ne.									interval Between Onset and Death
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if any, leading to immedieta cause. Enter UNDERLYING												
CAUSE (Disease or injury that initieted events	OUE TO (C	R AS A CONS	SEQUENCE O	OF):								
reaulting in death) LAST												
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PART ii. Other significent condition	_		t resulting	in the u	nderlying	ceuse (given in	Part i. 24	PERFOR	AUTOPSY RMED?		VERE AUTOPSY FINDINGS
Arteriosclerotic	Heart Di	sease						_ 1	YES 2	NO NO		OMPLETION OF CAUSE OF DEATH?
												YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				,		ACE OF D	EATH (Ch	eck only one)			-	
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 □ I	ER/Outpatient	3 DOA	4 Nut		e 5 □ Re	eldence	8 Other (S	(pecify)			
27. MANNER OF OEATH	28e. DATE OF II		28b. TH	_	28c. INJ	URY AT				NJURY OCCU	RED	
1 Natural 5 Pending	(Month, Day	(rear)	1111	M		RK? YES 2	□ NO					
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY - At	home, farm,	street, fac	tory, offic	•				and Number or	Rural Rou	rte Number,
4 Homicide determined	building, et	ic. (Specify)						City or	lown, State))		
29a. CERTIFIER 1 M CERTIFYING PHYSI	CIAN: To the best of	w knowled-	death accord	mad at at a	time state	and start		An Abrillian	(a) a= 4			
(Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE												and mannau or stated -
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29b. SIGNATURE AND TITLE OF CENTRE	free					29c. LIC	ENSE NUI	MBER		29d. OATE	SIGNED (A	Aonth Dey, Year)
- Horaco	1		7							17/	11	191
30. NAME AND ADDRESS OF PERSON WH	P.							•				
30. NAME AND ADDRESS OF THISON WAS	, M.D. 9	600 No	rth P		Roa	d, F	ort	Howard	i, Ma	rylan	d 21	052
C.V.J. VERGHESE	P.	600 No	rth P		Roa	d, F	ort	Howard	d, Ma	rylan	d 21	052



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HOSPITAL OR ATTENDING PHYSICIAN: TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
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IMPORTANT: If Item 2

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	DIRECT	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cre	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
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DIRECTOR

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CERTIFICATION

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32. REGISTRAR'S SIGNATURE ina Davidson-Randese

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4-22 -91 YEAR har lotte haas Charlotte Mary Higgs 2:30 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-01-0038 1 - M 2 SEF 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Francis Scott Key Medical Center Baltimore (itu RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Eastwood 1 YES 2 10 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7113 East Baltimore Street 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puarto Ri 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) At Home Housework 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname, Arthur Seipp Mary Kenney 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number Number, City or Town, State, Zip Code) F. Michael Muhl 2439 Hunt Drive Balto. . Md. 21209 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata DATE 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Ram

4 Donation 5 Other (Specify) cometary, crematory of otherplace

Orraine Park (emetery

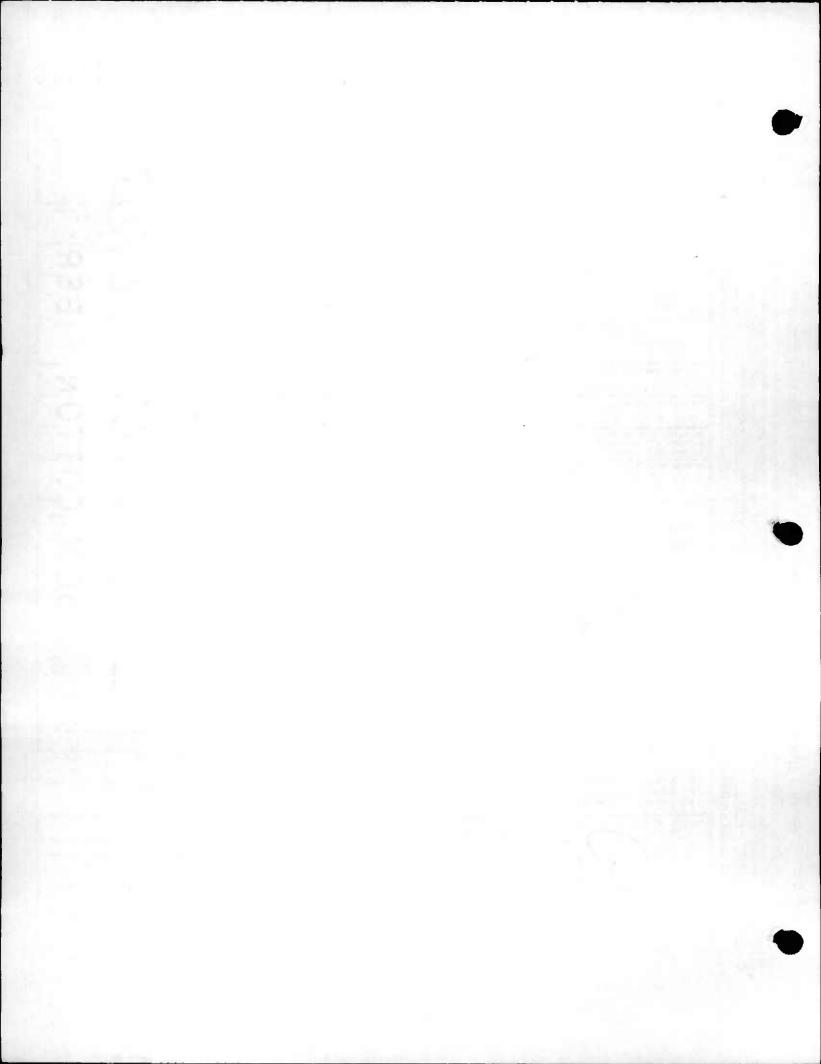
22. NAME AND ADDRESS OF FACILITY 4-25-91 Woodlawn, Md. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Fastern Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Betwe Onset end Death IMMEDIATE CAUSE (Final disease or condition onaestive resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Heart Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 M NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 A Inpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 4 - Nursing Ho 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 📈 Natural М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be determined 4 Homicide 29a, CERTIFIER 1 🖄 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1-22-9 MD The AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Francis Suit Ken Horoital 4940 Eastern Av. Balt. MD 21224

And cost is a second to the se

BALTIMORE, MARYLAND Futs after death. Page 6 may be retained by the host in by the funeral director, page 5 should be detache in removal. The standard of the control of t	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the final with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or smooth, page 5 should be detached the modified and the property of the pro	

## SOCIAL SECURITY HAMER FOR PRINCIPLE SEX A ADE (in the ballwise) A ADE (in the ballwise) ADE (FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE REG. NO.	•			
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Maryland Baltimore Cockeysville 1 1 1 1 1 1 1 1 1			9b.			ATN	9c. COUNTY OF DEATH				
Maryland Baltimore Cockeys/ille 1.2 was promoted 1.5 was pro	RESIDENCE OF DECEDEN	IT	100 0000 00				1	DAT			
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TV. PATNER'S NAME (First, Micsis, Lati) 17. PATNER'S NAME (First, Micsis, Lati) 18. NOTHER'S NAME (First, Micsis, Lati) 19. NAME (First, Micsis, Lati) 19. NAME (First, Micsis, Lati) 19. NAME (First, Micsis, Lati) 19. NAME (First, Micsis, Lati) 20. LACTOR OF BROWNER'S (Stored and Number or Recal Route Number, City or Rows, Stain, Zir Code) 21. Sally Belle Parr 19. Name (First, Micsis, City or Rows, Stain, Zir Code) 21. Support (First, Micsis, City or Rows, Stain, Zir Code) 22. Name (First, Micsis, City or Rows, Stain, Zir Code) 23. NAME (First, Micsis, City or Rows, Stain, Zir Code) 24. Documents on Signature, City or Rows, Stain, Zir Code) 25. Support (First, Micsis, City or Rows, Stain, Zir Code) 26. Documents of Stain (First, Micsis, City or Rows, Stain, Zir Code) 27. NAME (First, Micsis, City or Rows, Stain, Zir Code) 28. Support (First, Micsis, City or Rows, Stain, Zir Code) 29. NAME (First, Micsis, City or Rows, Stain, Zir Code) 20. NAME (First, Micsis, City or Rows, Stain, Zir Code) 20. NAME (First, Micsis, City or Rows, Stain, Zir Code) 21. Support (First, Micsis, City or Rows, Stain, Zir Code) 22. NAME (First, Micsis, City or Rows, Stain, Zir Code) 23. NAME (First, Micsis, City or Rows, Stain, Zir Code) 24. Documents on Stain (First, Micsis, City or Rows, Stain, Zir Code) 25. Support (First, Micsis, City or Rows, Stain, Zir Code) 26. Documents of Stain (First, Micsis, City or Rows, Stain, Zir Code) 27. NAME (First, Micsis, City or Rows, Stain, Zir Code) 28. NAME (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Micsis, City or Rows, Stain, Zir Code) 29. Code (First, Mi	3 💢 Widowed 4 🗌 Divorced										
2 Years Homemaker Home	15. DECEDENT'S (Specify only highest	grade completed)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	JAL OCCUPATIO done during mos tired.)	H t of working	ND OF BUSI	NESS/INDUSTI	RY			
John A. Walter 19 19 19 19 19 19 19 1		2 Years Homemaker									
TSA. INFORMANT'S NAME (Propriete) Catherine H. Siffrin Coli Mountain Rd. Pasadena, Md. 21122 20. Each of Deposition of Deposi	John A Maltan							,			
20. NETION OF DISPOSITION 3 Removal from State 200. PLACE OF DISPOSITION (Name of commissy, cramatory or other (Specify) 20. LOCATION — City or Town, State 20. Denation 5 Dispositi	19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print) 19b. MA				loute Number,	City or Town	State, Zip Code	le)		
Security Control Con											
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition or condition or sulting in death) DUE TO (OR AS A CONSEQUENCE OF): Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF): Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF): Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A. A. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A	1 D Buriel 2 - Cremetion 3 -	1 N Burial 2 Cramation 3 Removal from State						timore	, Md.		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final CAUSE) MARCHARCH CAUSE (Final Cause) MARCHARCH CAUSE (F	21. SIGHATURE OF NUMERAL SERVICE LICENSES AND ADDRESS OF MITCHELL - WILLIAM ADDRESS OF MITCHELL - 6500 York					defel Ba	d Hom ltimo	e, Inc re, Md	. 21212		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ARILLABLE PRIOR COMPLETION OF COMPLETION OF OF DEATH 1 YES 2 M NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M NO 26. PLACE OF DEATH (Check only one) 27. MAHHER OF DEATN 1 Netural 5 Pending Investigation 2 Sea. DATE OF IHJURY (Month, Day, Year) 26b. TIME OF DEATN 1 Netural 5 Pending Investigation 2 Sea. DATE OF IHJURY (Month, Day, Year) 26c. TIME OF DEATN 27. MAHHER OF DEATN 28c. DATE OF IHJURY AT WORK? 1 YES 2 HO 28c. DATE OF IHJURY AT WORK? 1 YES 2 HO 28c. DATE OF IHJURY AT WORK? 1 YES 2 HO 28c. LICENSE HOM IS THE CASE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 28c. LICENSE HUMBER 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year) 28d. DATE SIGHED (Month, Day, Year)	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Preumonia Due to (or as a consequence of): Respiratory arrest Due to (or as a consequence of): CAUSE (Disease or injury Due to (or as a consequence of): Due to (or as a consequence of):									
Accident investigation 28a. PLACE OF IHJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best utility shows a stated. On the best utility shows and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGHATURE AND TITLE OF CERTIFUE 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) D25488 April 22, 19d. April 24, 19d. April 2	PART II. Other algnificant con	d					PERFORI	MED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 HO		
Accident Suicide 8 Could not be determined 29a. CERTIFUNG PHYSICIAN: To the best of manner and stated. 29a. CERTIFIER (Check only one) 29b. SIGHATURE AND TITLE OF CERTIFUNG 29b. SIGHATURE AND TITLE OF CERTIFUNG 29c. LICENSE HUMBER 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) 29d. DATE SIGHED (Month, Day, Year)	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		THER:							
Accident Suicide 8 Could not be determined 29a. CERTIFUNG PHYSICIAN: To the best of manner and stated. 29a. CERTIFIER (Check only one) 29b. SIGHATURE AND TITLE OF CERTIFUNG 29b. SIGHATURE AND TITLE OF CERTIFUNG 29c. LICENSE HUMBER 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) 29d. DATE SIGHED (Month, Day, Year)	27. MAHHER OF DEATN	28s. DATE OF IHJURY	26b. TIME OF	F 28c, INJ	JRY AT			JURY OCCURE	ED		
296. SIGHATURE AND THE CONCENTRATION 296. D25488 296. LICENSE HUMBER D25488 April 22, 196 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	2 Accident Investig	ing (Month, Day, Year) HJURY WORK? I YES 2 HO 28a PLACE OF HUBBY At home form street fectory office.						nd Number or R	tural Route Number,		
296. SIGHATURE AND THE CONCENTRATION 296. D25488 296. LICENSE HUMBER D25488 April 22, 196 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	4 Homicide determin	ned John Topic	-								
296. SIGHATURE AND THE CONCENTRATION 296. D25488 296. LICENSE HUMBER D25488 April 22, 196 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	(Check only one)								use(a) and manner as state		
36. NAME AND ADDRESS OF PERSON WITH COMPLETED CAUSE OF DEATH (ITEM 21) (Apps. Print)	296. SIGHATUREIAND TITLE OF CE	D25488									
Paul M. Rivas, M.D. 3421 Sweet Air Rd. Phoenix, Md. 21131 31. DATE FILED (Month, Phys. 1981) 2. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Phys. 1981) 2. A 1991 - Registrar's SIGNATURE	Paul M. Riv	/as, M.D. 3421	Sweet Air		Phoenix,	Md.	21131				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	rySICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	7
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	3 should
be filed within 72 hours after death with the State Dept. of Hearth and Mentai Hygiene prior to bunal, cremation, or removal.	of removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIE		
3,	1. DECEDENT'S NAME (First, Middle, Lest)		OLITTI	IOAIL OI	DEATH	2. DATE OF DEATH	J.	3. TIME OF DEATH
,	Roland	Ε.		U - 1 1	. Jr.	April 1	5. 1991	
Ţ,	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		TTHPLACE (State or Foreign
	218-14-0845	3√3 M 2 □ F 68	YRS.	MONTHS DAYS	HOURS MIN.	(Mornth, Day, Year) 2-12-19		untry) Cyland
	9a. FACILITY NAME (If not institution, give st	1110		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O	
Œ	225 List Avenue	3		Pasad	ena		Anna	Arundel
5	RESIDENCE OF DECEDENT			2 40 40	CHU		Innie 1	ir under
2	10a. STATE 10b. COUNTY	,	10c, CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
ᅙ		ne Arundel	Pa	sadena				1 TES 2 NO
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
ÿ	225 List Avenue					1122		S. A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WARFOR DA				NIC ORIGIN? (Specify) in, Puarto Rican, atc.)	bs or No— 14. R	ACE — American Indian, lack, White, etc.
BY FUNERAL DIRECTOR	3 Wildowed 4 Divorced		TES	1 TYES	2 NO Specif	y:	S	White
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KINO OF B	USINESS/INOUSTR	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or S+)	(Give kind of life. Do NOT u	work done during mo se retired.)	al of working	1	Reta	. 1
릴	10th. grade			Salesn	nan		Neta	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	en Surname)	
BE	Roland	Ε.		. Sr.		en A		Rhodes
2	19a. INFORMANT'S NAME (Type/Print)			,		Route Number, City or To		
-	Mrs. Margaret	L. Hall	225 L	ist Ave	nue			rland 21122
	20e. METHOO OF DISPOSITION 152xBuriel 2 Cremetion 3 Rem	oval from State	emotany cromaton	e OF OISPOSITION or other place)			OCATION — City o	
1	4 ☐ Donation 5 ☐ Other (Specify)		en Hav		rial P	OII ITY		n Burnie,Md
	21. SIGNATORE OF PONENAL SERVICE OF	n //		12.00		Mc C		neral Home
	Therest Vo	much		1				a,Md.21122
	23. PART I. Enter the diseases, or cashock, or heart failure.	complications that caused that only one cause on a	tha daath. Do	not antar tha mo	da of dying, suc	ch sa cardiac or rea	piretory arreat,	Approximata interval Between
	IMMEDIATE CAUSE (Final	,	1	87	.11	17		Onset and Death
	disease or condition resulting in death)	s. Car	Momo		The	lang		
		DUE TO (OR AS A	CONSEQUENCE C)F):		0		
CERTIFICATION	Sequantially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE	PF):				<u> </u>
Ä	If sny, leading to immediate cause. Enter UNDERLYING							[[
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C	PF):				
ERT	resulting in death) LAST	d						
	PART II. Other significant condition	s contributing to death h	ut not resulting	In the underlyin	n cause given in	Part I 24a WMS	AN AUTOPSY	24b. WERE AUTOPSY FINOINGS
CAL	The state of the s	_ continuenting to death b	at not readiting	iii die ondariyii	A conse Airen iii	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Ē						1 🗆 YES	2 🗹 NO	DF DEATH?
Σ						—		1 TYES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (CI	heck only one)		
22	EXAMINER? 1 YES 2 NO	HOSPITAL:	atlant 3 DOA	OTHER:		6 Other (Specify)		
Η	27. MANNER-OF DEATH	28s. OATE OF INJURY	28b. T#	WE OF 28c, IN.	JURY AT	28d. DESCRIBE HO	W INJURY OCCURE	0
	1 Natural 5 Pending	(Month, Day, Year)	l IN		YES 2 NO			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, factory, offic		261. LOCATION (Stre City or Town, Str	et and Number or Ru	iral Route Number,
ETED	4 Homicide determined	building, area (Open				City or lown, Siz	110)	
1 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occur	red at the time, det	and place, and du	a to the cause(s) and :	nanner as stated.	
COMPL	cool stry	R: On the basis of examination						se(a) and menner as stated.
Ö	296. SIGNATURE AND TITLE OF CERTIFIE	R h/C	17/7	-	29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month/Day, Year)
m	Homes	Al De	190		118	38 /-	D 4/	16 191
임	30, NAME AND ADDRESS OF PERSON WI						,	/
	James Benjamin			Mill R	oad Mi	llersvi	lle, MD	. 21108
	31. DATE FILED (Month, Day, Year)	22. RESISTRAN'S SIGN	ATURE					
	APR 2 4 1991	7						

JR.

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MAKO

31. DATE FILED (Month, Day, APR 2 4

MD

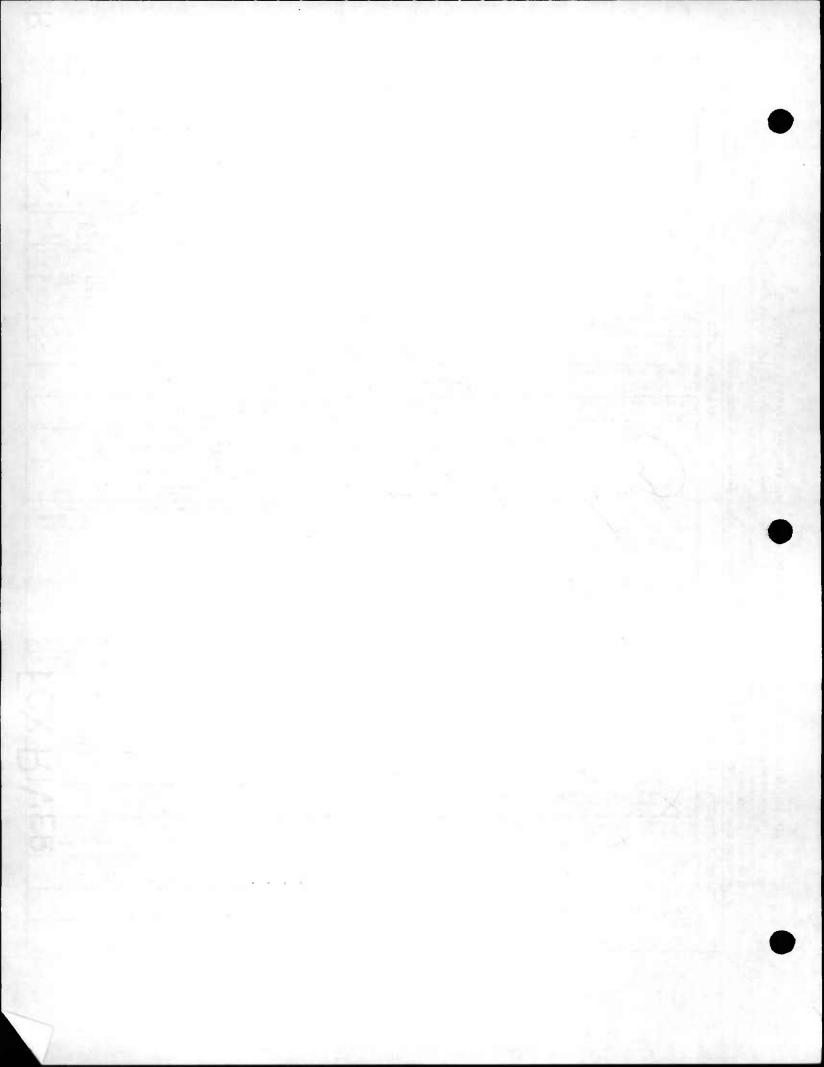
BALTIMORE, MARYLAND 21215-00	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t	ition, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed with	been signed by the attending physician and complete	pt. of Health and Mental Hygiene prior to burial, crem	3 shows any Injury, or other traumatic event
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Ia	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 2:

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTAI	HYGIEN REG. NO.	E		11110
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH
	GEORGE.	EDWARD			LITT			JR	04		9 1	991	10:49 p м
	4. SOCIAL SECURITY NUMBER 216 50 8579	5. SEX 1-2 M 2 □ F	6. AGE (In yrs. les 42	YRS.	IF UNDER	DAYS	HOURS	MIN.		of BIRTH o, Day, Year) 25	48	Country	PLACE (State or Foreign s) Sh. D. C.
_	Sa. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATI	ION OF DE	EATH			NTY OF D	
TOF	MARLBORO PIKE & F	MARLBORO PIKE & FORESTVILLE ROAD RESIDENCE OF DECEDENT				ESTV	ILLE	3			PRI	NCE	GEORGE 'S
DIRECTOR	Maryland Princ	e George	es'		ry, town o Upper			ro					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8507 Westphalia F	Road				101	20°	772			109. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Never Married 2 Narried 3 Divorced	FORCES? 1	IT EVER IN U.S. AR YES 2 1		1	f yes, sp		en, Mexica	ın, Puerto I	i? (Specify Yea Rican, etc.)	or No-	14. RACE Black Speci	- American Indian, White, atc. Black
COMPLETED	(Specify only highest grade completed) (live kind of . Do NOT u	work done of use retired.)	during mo	st of work	ing	10b	KIND OF BU	siness/ini	DUSTRY	
MC	17. FATHER'S NAME (First, Middle, Last)					_		HER'S NA	ME (First, I	Middle, Maiden	Surname)		-
BE C	17. FATHER'S NAME (First, Middle, Last) George E. Littleton, Sr. 18. MOTHER'S NAME (First, Middle, Mailden Sumame) Ann Colbert												
TO E	198. INFORMANT'S NAME (Type/Print) George E. Littleton, III 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 705 Larchmont Ave/Capitol Hts, Md 20743												
	20a. METHOS OF DISPOSITION 1X Burisi 2 Cremetton 3 Rem 4 Conation 5 Other (Specify)		20b. PLACE of co-relative					rk	4/27,		cation — Lando	-	
	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0. Q	L	22.	1474	Lan	dove:	r Rd	nkins /Lando	Furer,	r-al Md 2	Hame 20785
	23. PART I. Enter the diseases, or ehock, or heert fellure. MEDIATE CAUSE Finel disease or condition resulting in death)	List only one co	et ceused the deuse on eech line HOT WO	und	oF				ch as cen	diac or reep	Iratory ar	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significent condition	e contributing to	o deeth but not	recuiting	in the ur	nderlyin	g ceuee	given in	Part I.	24a. WAS APPERFO	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 See 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	100000	□ ER/Outpatient :	_	-	R: sing Hor	ne 5 💥 F		heck only o	er (Specify)	ON ST		
2 Accident O4/19/1991 10:49 mm 1 YES 2X NO SUBJECT SHOT									CURED				
							or or Rural MARY	Route Number, 'LAND					
COMPLETED	Control City	ICIAN: To the best of											a) and manner at stated.
TO BE CO	294 BUSTNATURE AND TITLE OF CERTIFIE	Α	A	ľ	1		29c. LI	CENSE NU	MBER	,,	25d. DA	TE SIGNED	(Month, Day, Year)

DHMH-16 Rev 1/89

111 PENN STREET

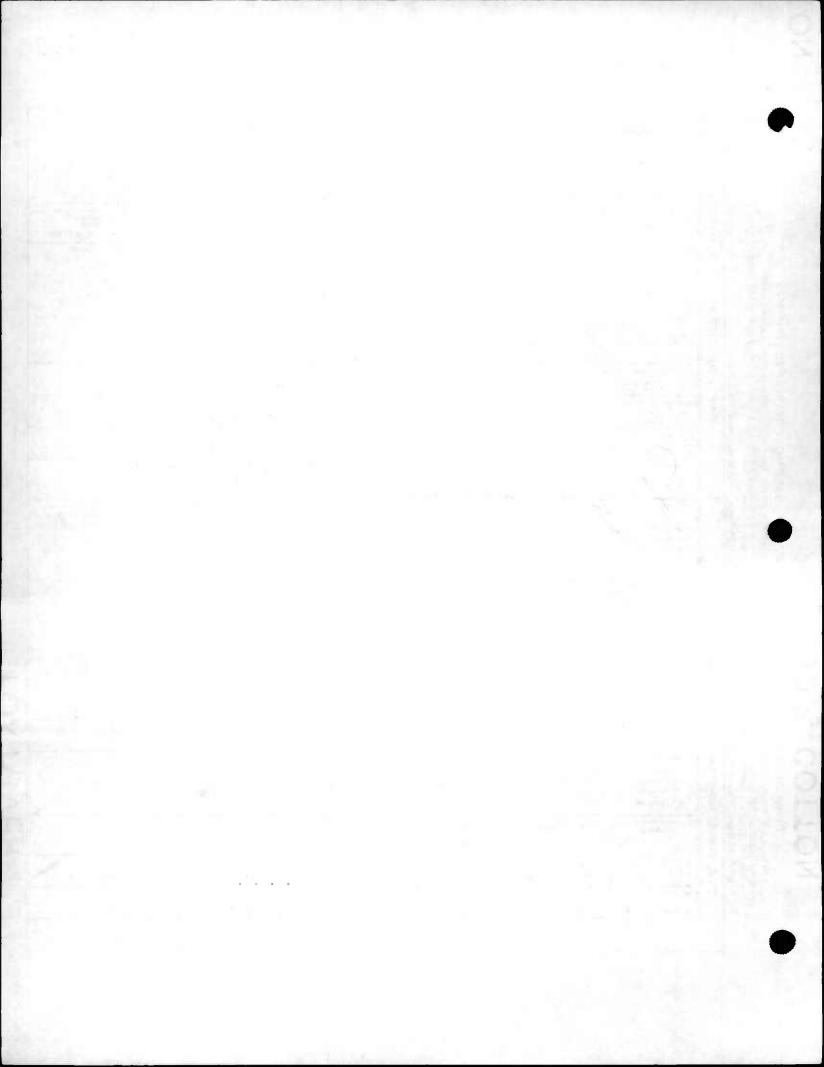
BALTIMORE, MARYLAND 21201



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ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial		once.
Pe		Ħ
5 should		Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ector, p		must
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the	oval.	ale
70	E.	dic
Pa	0	E
1	tion.	the
mpletel	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event.
90 P	urial	He
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Sicia	prior	trat
F	ene	her
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	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	- STATE REGISTRAR	0			ICATE OF			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	OEATH DA		YEAR	3. TIME OF DEA	ATH
1	Yvonne	Marie	2		Lewis		04	2			6:54	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH av Year)		8. BIRTHP Country	PLACE (State or i	Foreign
i i	213-86-3811	L3-86-3811 1 □ M 2X F 29				HOURS MIN.	2	12	62		ash. D.	C.
	9e. FACILITY NAME (If not institution, give a			9b. CITY, TOWN (R LOCATION OF C	EATH		9c. COUN	TY OF DE	ATH		
DIRECTOR	Malcom Grow Hosp:	ital			Camp Sp	rings			Pri	nce	George	s
E I	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CIT	Υ
607	Maryland Prin	ce George	es'	Fo	restvill	e					17 YES 2	NO
A	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNERAL	8585 Ritchboro	Road				20747			-	US		
Ξ	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED IO	t3. WAS DEC	ENDENT OF HISPA ecify Cuban, Mexic	NIC ORIGIN? (Specify Yee in, etc.)	or No—	14. RACE Black,	 American Inc. White, etc. 	den,
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 🗆 YES	2 NO Spec	ify:			Specify	Blac	k
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. OE	CEDENT'S	USUAL OCCUPATION	ON and an analysis	18b. Ki	ND OF BUS	SINESS/INDI	USTRY		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	+) Ilfe.	Do NOT us	work done during mo se retired.)	at or working						
P P		1		Data	a Audit	Clerk		Pri	vate			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mide	dle, Msiden	Surneme)			1,00
BE	James W.	H	lopkins				enda			Moro	gan	
2	190. INFORMANT'S NAME (Type/Print) Donald Lewis				ADDRESS (Street							
	20a. METHOD OF DISPOSITION				Ritchbo		PATE		CATION —			
	XX Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	of cemetary.	cremator	or other place) Memorial	Park	1				er. Md	
	21. S GNATURE OF FUNERAL SERVICE LIC	CENSEE	0	1	22. NAME A	D ADDRESS OF	ACILITY En	rins	Finer	al H	iome	
	Minney (7 Ma	- 0 V	1.		Landover						
- X	23. PART I. Enter the dispases, or	complications the	t caused the de	ath Do	Α		•				Approxi	mata
	ahock, or heart fallure.	List only one cau	vae on each lina	.>	not onto the me	do or dynig, so	OII all Cui Gia	o or reap	notory and		intarvai	Batween nd Death
	IMMEDIATE CAUSE Final disease or condition	CAPDIA	A TUDITA	înt ta e t	2/						Onset an	nd Death
	reaulting in death)	444	OR AS A CONSEC								-	
z		b	4		1							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. OUE TO	(OR AS A CONSEC	DITENCE O	D.							
Ē	that initiated eventa reaulting in death) LAST		(on As A consec	ZOLITOL O	.).							
		d								_		
DICAL	PART II. Other aignificant condition	ia contributing to	death but not r	eauiting	in the underlyin	g cause given i	n Part i. 2	PERFO	AUTOPSY	24b.	WERE AUTOPSY AWAILABLE PRICE	IR TO
Old								YES 2	NO		OF DEATH?	F CAUSE
ME											1 YE\$ 2	NO
A N	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	LACE OF DEATH (C						
HYS	27. MANNER OF DEATH	28e. DATE OF		28b. TIR		ne 5 🗆 Residence	_	• •	INJURY OCC	CURED		
BY PHYSICIAN:	1 Natural 5 Pending		Day, Year)	IN.	JURY W	YES 2 NO	100.0040					
	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE (OF INJURY — At he	me, ferm,	street, factory, offic	:0	28f. LOCAT	ON (Street	and Number	or Rural R	loute Number,	
COMPLETED	4 Homicide datermined	bullding	, etc. (Specify)				City or	Town, State)			
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, de	ath occur	red et the time, date	end place, end de	ue to the cause	(e) end me	nner ee atat	ed.		
OM		ER: On the basic of e	examination end/or	Investigati	on, in my opinion,	leath occured at th	ne time, date ar	nd place, e	nd due to th	e cause(e)) end menner e	stated.
ш	296 SIGNATURE AND TITLE OF GERTIFIE	A ()	h			29c. LICENSE N	UMBER		29d. DAT	E SIGNED	(Month, Day, Yea	ir)
TO B	Mun +	Holh	#	10		0.C	M.E.		▶ 04	,	21 1	991
F	30. NAME AND ADDRESS OF PERSON WI		SE OF DEATH (ITE									
	MARIO F. GOL	F JR.	AR'S SIGNATURE	1	11 Penn	Street,	Baltin	nore	Maryl	and	21201	
	31. DATE FILED (MONTH, Day, Year)		AR'S SIGNATURE	I								
- 1	A D D 7 / IUU I	THE WALKERY	CONTRACTOR OF THE PARTY OF THE									



DHMH-16 Rev 1/89

DIVISION OF VITAL HECORDS, P.O. BOX 68760, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mans after death. Page 6 may be retained by the bost in records. And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by a state after a page 1 of Health and Merial Hydrene prior to burial. To removal. The state death with the State Dept. of Health and Merial Hydrene prior to burial. To removal. The state death with the fillen 23 shows any injury, or other tranmatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND	s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detache emoval.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within AFCTOR: After this certificate has been signed by the attending physician and completely than after death with the State Dent. of Health and Mental Hydrere prior to burist, cremat man 28 is marked, or item 28 shows any injury, or other traumatic event, the contraction of the contra		NOUT +2	filled in	he me
All residence and	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	HECTOR: After this certificate has been signed by the attending physician and completely in a star death with the State Dent of Health and Mental Horiene prior to burial crematic	I wan 28 is marked, or Item 23 shows any injury, or other traumatic event, the

2	186		
-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.				
1. DECEOENT'S NAME (First, Middle, Last, RICKY Mccray					2. DATE OF DEATH DAY	199 YEAR	3. TIME OF DEATH 3:41 P M		
4. SOCIAL SECURITY NUMBER 213 - 78 - 8640	5. SEX 8. A		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-21-61				
9e. FACILITY NAME (If not institution, give	2.5 [2.5]		Pb. CITY, TOWN O	OR LOCATION OF D		9c. COUNTY OF	M D		
MARYI AND CENER RESIDENCE OF DECEDENT	AL HOSPITAL		BALTI	ORE CIT	Y				
10e. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
MD		BAL	TIMOR	E, CIT	Υ		1 X YES 2 NO		
MARYI AND CENER RESIDENCE OF DECEDENT 100. STATE 100. COUN MD 100. STREET AND NUMBER 2216 BRUNT ST 11. MARRITAL STATUS	REET		101	21217		10g. CITIZEN OF	WHAT COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT EV			ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indien,		
3 Widowed 4 Divorced	FORCES? 1 1 N			ecify Cuben, Mexico 2 NO Specifi	en, Puerto Ricen, etc.) fy:	Spe	BLACK		
15. DECEDENT'S ED (Specify only highest grad	UCATION	18e. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY	-		
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 9 th	College (1-4 or 5+)		rk done during mo retired.)	st or working					
17. FATHER'S NAME (First, Middle, Last)		UNEMPLO	JYED	10 MOTHER'S N	AME (First, Middle, Malden S	S.,,,,,			
LEROY THOMA	S				CY McCRA				
104 INFORMANT'S NAME (Frankling)		19b. MAILING A	DDRESS (Street a		Route Number, City or Town				
NANCY HARDY					LTIMORE,		217		
20e. METHOO OF DISPOSITION X□XBurlel 2 □ Cremetion 3 □ Re-	moval from State	20b. PLACE AND DATE	OF OISPOSITION	(Name	OATE 20c. LOC	CATION — City or 1	Town, State		
4 Donation 5 Other (Specify)		"WESTER'N"	STAR	CEMETER	Y CAT	ONSVIL	LE,MD		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			ND ADORESS OF F		101 -			
23. PART I. Enter the diseases, or	Warre		MARCI	H FUNER	AL HOME 1	101 E.	NORTH AV		
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	SEIZURE DUE TO (OR	DISORDER as a consequence of	:				Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate									
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C. OUE TO (OR	AS A CONSEQUENCE OF)	:						
	d								
PART II. Other significent condition	one contributing to dee	th but not resulting in	the underlyin	g ceuse given ir	Part I. 24a. WAS AN. PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
		127	26. P	LACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:		OTHER:	11.52	8 Other (Specify)				
27. MANNER OF OEATH	280. OATE OF INJU (Month, Day, Ye	JRY 28b. TIME	OF 28c. IN.	BURY AT DAK?	28d. DESCRIBE HOW II	NJURY OCCURED			
2 Accident Investigation 3 Suicide 6 Could not b	26e PLACE OF IN	JURY — At home, ferm, st (Specify)			26f. LOCATION (Street e City or Town, State)	and Number or Rura	Route Number,		
4 Homicide determined									
enel .	SICIAN: To the best of my						(s) end manner as stated.		
II 20h SIGNATURE AND TITLE OF CERTIE				29c. LICENSE NU			D (Month, Day, Year)		
10 march 21 11	high MD			OCM		▶ ₀₄ 2	1 1991		
30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,							
DONALD G. WRI	32. REGISTRAR'S	ME	111	BENN STR	EET BALTIM	IORE, MA	RYLAND 2120		
APR 2 3 1991		-Randopa							



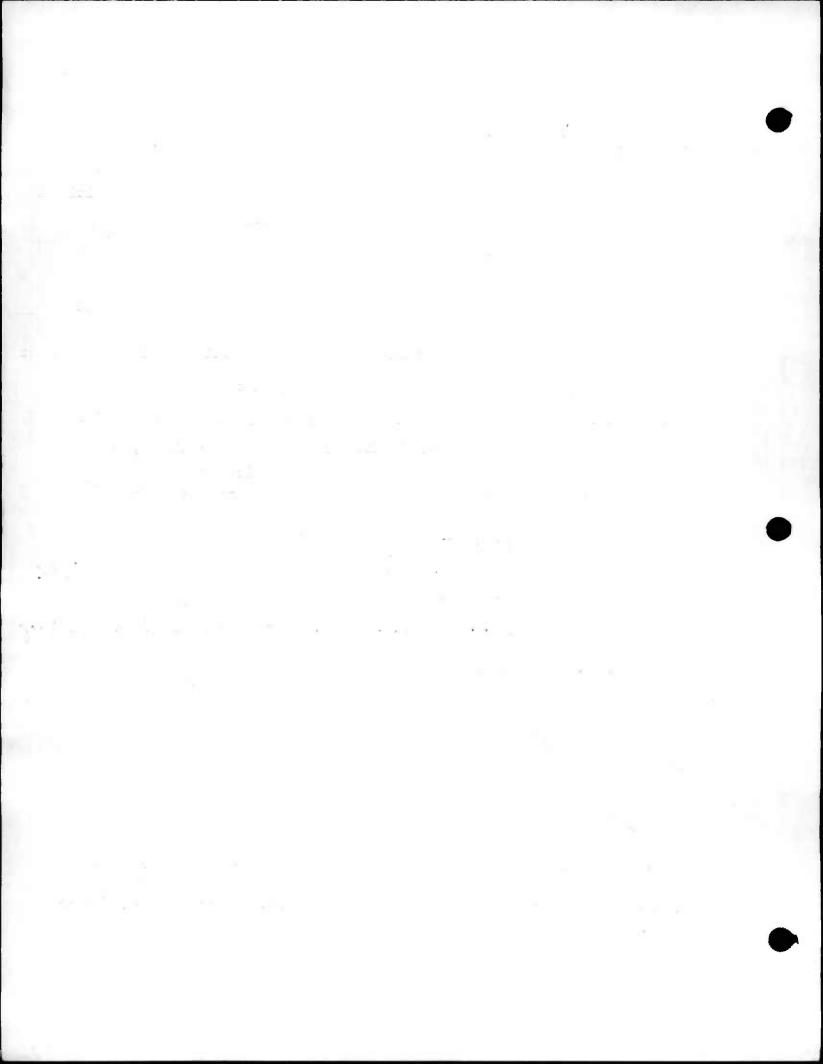
VIRGINIA TOOHEY McCORMICK

	1 - STATE REGISTRAR		CERTIFICA	TE OF		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) VIR	GINTA T. V	Me Corn		:	DATE OF DEATH	YEAR 9	3. TIME OF DEATH
	2/6-11-03/9	X 80 €			IF UNDER 24 HRS. THOURS MIN.	Month, Day, Year) 1	0-2-1 Gount	HPLACE (State or Foreign ny) RY LAND
10R	ST. JOSEPH HOSPITAL,	,	1000				BA-	Baltimore
DIREC	10a. STATE 10b. COUNTY MARYLAND N/A				Dal			10d. INSIDE CITY LIMITS? 1XXXVES 2 \(\text{NO}\)
IERAL	100. STREET AND NUMBER 14 W. COLO	lspring La パルς ん	N. 1803	3 101.	ZIP CODE 21	.210	_	/*
B	1 Never Married 2 Married FORC	ES? 1 TYES 2	XXIIO	If yes, spe	cify Cuban, Maxican,		Blac	E — American Indian, k, Whita, etc. White
LETED			(Give kind of work do life. Do NOT use retire	ne during mos d.)	N st of working			
	17. FATHER'S NAME (First, Middle, Last)		Bailifi	:		(First, Middle, Malden		Supreme Court
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro	ute Number, City or Town		nd 21030
	20e, METHOD OF DISPOSITION 1 Aburial 2 Cremation 3 Removal trom 4 Donatton, 5 Other (Specify)	Starta 20b. PL oth NeW	Cathedra!	Ceme	tery	Bal	-	
	Dennis Stephen X	Kenaki enakis	L'S			Mitchell-		
	PART I. Enter the diseases, or complicet shock, or heart fallure. List only IMMEDIATE CAUSE (Finsi disease or condition	ons that caused th	a death. Do not ar		\ \	es cardiac or reapli	retory errest,	Approximete Interval Batwean Onset and Death
NC		m						3hr.
FICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a teller y	DISEQUENCE OF):					30
CERT	resulting in death) LAST	ydray	(grand	1/			- 1	gayare 5 day
EDICAL	Crown	direase	not readiting in the	dideliying	cause given in F	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL FYAMINER?				ACE OF DEATH (Chec	k only one)		
PHYSI	1 YES 2 NO 1 Inpa 27. MANNER OF DEATH 28a.	tient 2 - ER/Outpetle	26b. TIME OF	Nursing Hom 28c. INJ WO	URY AT		NJURY OCCURED	
	2 Accident Investigation	PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street,			261. LOCATION (Street a City or Town, State)	ind Number or Rural	Route Number,
MPLET	anal							(a) and manner as stated.
BE	286. SIGNATURE NO TITLE OF CENTIFIES	•			29c. LICENSE NUMB	ER		(Montly, Day, Year)
	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	1. DECEDENT'S NAME (First, Middle, Last) 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 3 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 3 SOCIAL SECURITY NUMBER 4 SOCIAL SECURITY NUMBER 4 SOCIAL SECURITY NUMBER 5 SEX 4 SOCIAL SECURITY NUMBER 5 SEX 4 SOCIAL SECURITY NUMBER 6 SOCIAL SECURITY NUMBER 7 SOCIAL SECURITY	1. DECEDENT'S NAME (First, Middle, Last) 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 3 SEX 4 SOCIAL SECURITY NUMBER 2 SOCIAL SECURITY NUMBER 3 SEX 5 SEX 5 SEX 6 AGE (in yr 1 SEX 1 SEX 1 SEX 2 SOCIAL SECURITY NUMBER 1 SEX 2 SOCIAL SECURITY NUMBER 2 SEX 1 SEX 2 SEX 1 SEX 2 SEX 3 SEX 4 SOCIAL SECURITY NUMBER 2 SEX 2 SEX 3 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 2 SEX 3 SEX 4 SOCIAL SECURITY NUMBER 2 SEX 2 SEX 3 SEX 4 SOCIAL SECURITY NUMBER 2 SEX 3 SEX 4 SOCIAL SECURITY NUMBER 2 SEX 3 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 3 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 1 SEX 4 SOCIAL SECURITY NUMBER 1 SEX 1 S	THE STATE 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 2. SOCIAL SECURITY MUNISER 3. SOCIAL SECURITY MUNISER 3. SOCIAL SECURITY MUNISER 4. DO SOCIAL SECURITY MONTH 10. SOCIAL SECURITY MUNISER 10. SOCIAL SECURITY MUNISER 10. COUNTY MARYLALAND 10. STREET AND NUMBER 1.4 W. Cold Spring Land 18.03 1. SOCIAL SECURITY SECUCATION (Speed) with fighted grade completed) 1. SOCIAL SECURITY SECUCATION (Speed) with fighted for social files. December 1. Sum of the social file	THE STATE 1. DECEMENT'S NAME (First, plotoid, Last) 1. DECEMENT'S NAME (First, plotoid, Last) 2. SOCIAL SECURITY WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. DECEMENT'S WAMPINGS 1. SERVING STATE 1. WAS DECEMENT WAND WAND ON DATES 1. WAS DECEMENT WAND WAND ON DATES 1. WAS DECEMENT WAND WAND ON DATES 1. WAS DECEMENT'S WAMPINGS 1. WAS DECEMENT WAND WAND ON DATES 1. WAS DECEMENT'S WAND WAND ON DATES 1. WAS DECEMENT WAND WAND ON DATES 1. WAS DECEMENT WAND WAND ON DATES 1. WAS DECEMENT WAND WAND ON DATES 1. WAS DECEMENT WAND ON DA	THE STATE 1. DECEDENT'S NAME (Piper, Mode, Latr) 1. DECEDENT'S NAME (Piper, Mode, La	CERTIFICATE OF DEATH 1. ORCEODATS NAME (Past, place). 1. ORCEODATS NAME	TO DESCRIPTION 1. DECECENT SHAME PARK places Lasty VIR. VIR. VIR. T. W. C. VIR. L. DOES OF DELATION OF THE CONTROL OF THE

Oster

SHEL DUN IMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) Erus 7600

32. REGISTRAR'S SIGNATURE ha Davidson-Randese



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

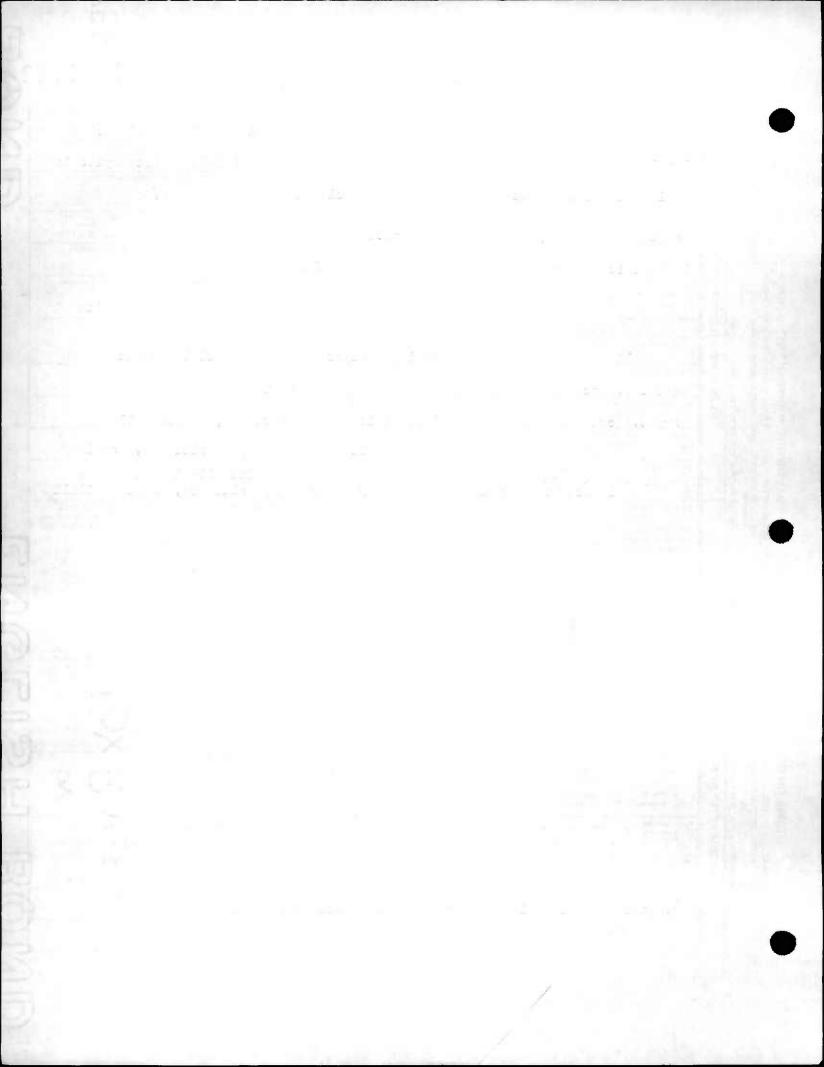
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builat-fransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
	2 DATE OF DEATH

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		51 11166		
	1. DECEDENT'S NAME (First, Middle, Last) HOW.	ARD RAE MEC	CK					3. TIME OF DEATH 91 9: 20P M		
T distance of	4. SOCIAL SECURITY NUMBER 192-12-4500	1√XM 2 □ F	66 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-2-24	ı P	BIRTHPLACE (State or Foreign Country) ennsylvania		
TOR	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital RESIDENCE OF DECEMENT				imore	ATH	9c. COUNTY N/A			
BY FUNERAL DIRECTOR	Maryland	N/A			city, town or location Baltimore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
INERAL	1257 Limit Avenu	1257 Limit Avenue			ZIP CODE 21239	IIC ORIGIN? (Specify Ye	U	10g. CITIZEN OF WHAT COUNTRY? USA TO NO 14. RACE — American Indian,		
	1 Never Married 2XXMarried FORCES? 1 YES 2 TNC IF YES, GIVE WAR OR DATES			If yes, sp	cify Cuban, Maxica 2 NO Specify		Black, White, atc. Specify: White			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kin. life. Do Ni			S USUAL OCCUPATION 18b. KIND OF work done during most of working use retired.)			TRY		
M	17. FATHER'S NAME (First, Middle, Last)	12 Claims				ME (First, Middle, Meide	al Secu	rity		
	George G. Meck				Mabe	_	n Surmine)			
BE				DRESS (Street a		Route Number, City or To	wn, State, Zip Co	de)		
٩	Mary C. Meck		1257 Li	mit Av	enue Bal	timore, Ma	aryland	21239		
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	cemetary, crematory or cardens of								
	21. SIGNATURE OF FUNETAL SETUPE ALCENSES CHARLES 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Dennis Stephen Xerrakis 6500 York Road Baltimore, Maryla							eld Home yland 21212		
	23. PART i. Enter the diseases, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval as cardiac or respiratory arrest, and a cardiac or respira									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CER		out not resulting in t	PER			N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
VSIC	1 YES 2 XNO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA 4	THER: Nursing Hom	a 5 🗆 Residence	8 Other (Specify)				
ВУ РН	27. MANNER OF OEATH 1 Setural 5 Pending Pending Pending Presetigation Pending				28d. INJURY AT WORK? 1 YES 2 NO			RED		
	3 Suicide 8 Could not be 4 Homicide detarmined	f — A1 home, farm, stree c/fy)	set, factory, office 281. LOCATION (Street an City or Town, State)				d Number or Rural Route Number,			
COMPLETED	and)	SICIAN: To the best of my know IER: On the bests of examination								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Merrin (. Kywallurylei			29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year) 4-22-91			
F	30. NAME AND ADDRESS OF PERSON W Dr. Marion Kowal	ewski 8604 H	Harford Ro		timore,	Maryland				
	31. DATE FILED (MAPR 24 19	91 32 HEGISTRAR'S SIGN	VATURE							



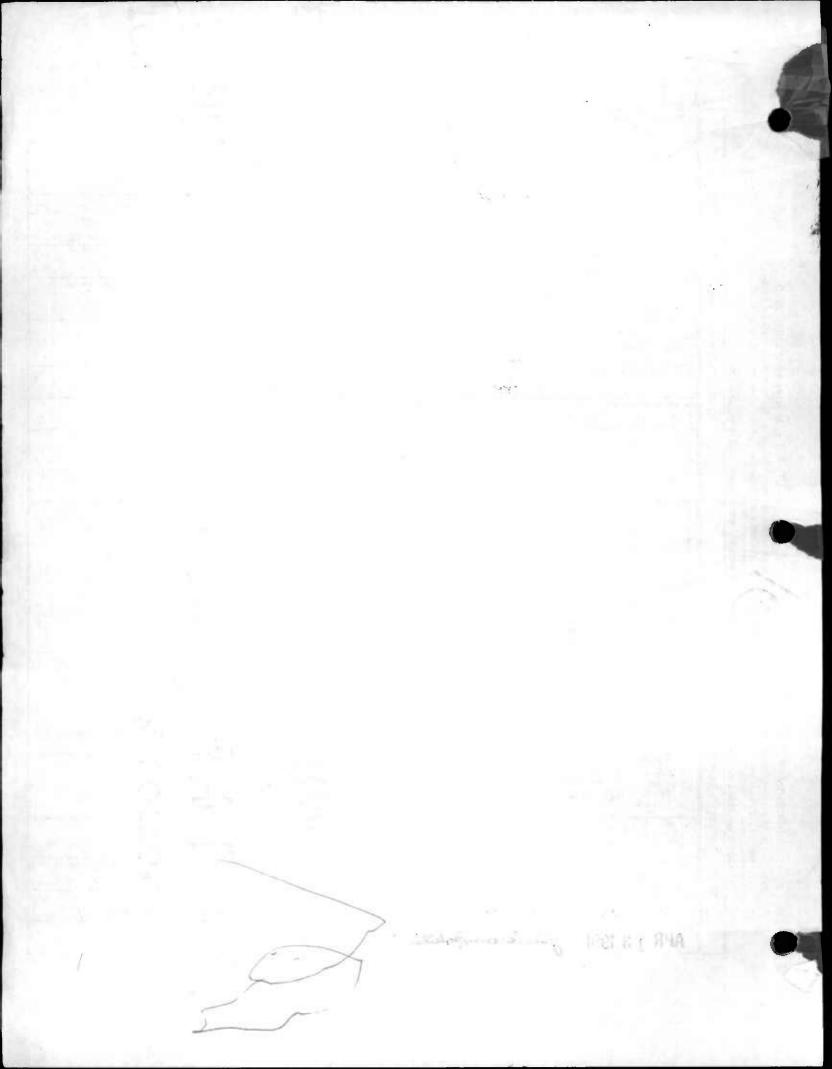
burnal, crismation, or removal.

		FOR 1 - STATE		STATE OF MA				F HEALTH /		MENTAL HYGIEN	_	1 11123	
Γ		1. DECEDENT'S NAME (First,	Middle, Last)	Muir		KIIFIC	AIE	DE DEAL	н	2. DATE OF DEATH MONTH DA	AY .	YEAR 12:45 PM	
		4. SOCIAL SECURITY NUMBER 215-01-9		L AGE (In yrs. last	Med	UNDER 1 YE		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
4				74	YRS.				July 8,19		Maryland		
		90. FACILITY NAME (If not institution, give street end number) FAIRMOUNT NURSING CENT.						WN OR LOCATIO		АТН	9c. COUN	ITY OF DEATH	
8	2	PAIRMOU RESIDENCE OF DEC		VUK JING	· CEN	! CK	DAL	TIMOR	E				
	DIRECTOR	100. STATE MD	10b. COUNTY	mana		10c. CITY, 7		OCATION		-		10d. INSIDE CITY LIMITS? 1 YES 2 X NHO	
- 1		112 2011011								ZEN OF WHAT COUNTRY?			
	FUNERAL	1306 High:	land I	rivo				212			US		
1	ξ	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS			IIC ORIGIN? (Specify Yes		A. 14. RACE — American Indian,	
	BY F	1 Never Married 2 Married FORCES? 3 Widowed 4 Divorced			YES XXN R OR DATES	10	If ye		, Mexica	n, Puerto Rican, atc.)		Specify: White	
			EDENT'S EDUCA		16a. DE	CEDENT'S US	UAL OCCU	PATION		16b. KIND OF BU	SINESS/IND		
Ηi	ETED	(Specify only Elementary/Secondery (0-	highest grade co	College (1-4 or 5 +)	(Gi	ve kind of work Do NOT use n	done durin	g most of working	7				
. 6	뢰	8th			1	House	wife	غ خ		at	home		
and a	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)					18. MOTH	ER'S NA	ME (First, Middle, Maiden	Sumeme)		
F 2	иll	John Eg	gnica	Thomas				Ed	ner	M. Hild	bran	d	
	ון מ	190. INFORMANT'S NAME (7)	ype/Print)		198	. MAILING AC	ORESS (St	reet and Number	or Rural i	Route Number, City or Tow	m, State, Zip	Code)	
2 1	2	Carolyn (Craig			203 D	Rog	gers F	org	e Road	Balt	o., MD 21204	
St D		20a. METHOD OF DISPOSITION 1 Guriel 2 X Cremetion 3 General from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)											
Ē	İ	4 Donetton 5 Pather (Specify) Green Mount Crematory 4/23 Baltimore, MD											
medical examiner must be notified at once.		22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Raven Blvd. Balto., MD 21204											
medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
event, the		disease or condition south in				CE .	LLC	CARCINE	MA	, NECK			
		DUE TO (OR AS A CONSEQUENCE OF):											
Sumatte	TION	Sequentially list conditions, if any, leading to immediata cause, Enter UNDERLYING											
or other-	CERTIFICATION		AUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
ury, o	5		0.										
	MEDICAL	PART II. Other significa	PHERA	contributing to d	TELIA	esulting in	is E	ASE	iven in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
3 show	- 11								_			1 YES 2 NO	
Item 23	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:				6. PLACE OF DE	EATH (Ch	eck only one)			
or it	2	1 TES 2 NO		1 Inpatient 2	ER/Outpatient 3		THER:	Home 5 🗆 Re	eldence	8 Other (Specify)	er,		
ked,	у РНУ		Pending Investigation	(Month, Day, Year)			E OF 28c. INJURY AT WORK? M 1 YES 2 NO			28d, DEŞCRIBE HOW INJURY OCCURED			
28 15	ETED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At hom building, stc. (Specify)				me, farm, stre	treet, factory, office 28f.			28f. LOCATION (Street City or Town, State	181. LOCATION (Street end Number or Rural Route Number, City or Town, State)		
IMPORTANT: If Item	COMPLE	one)								to the cause(e) end me		ed. e ceuse(e) end manner as stated.	
MPORTAL	BE	296. SIGNATURE AND TITLE		e mo	15			29c, LICE	i 66			E SIGNEO (Month, Day, Year)	
-13	2	30 NAME AND ADDRESS OF	F DEGEON WILLO	COMPLETED ONLO	OF OFATH OTE								

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

C , VERGARY - SORTES , M.D. 140 11 MD. 2123 PROADWAY ST. BALT.

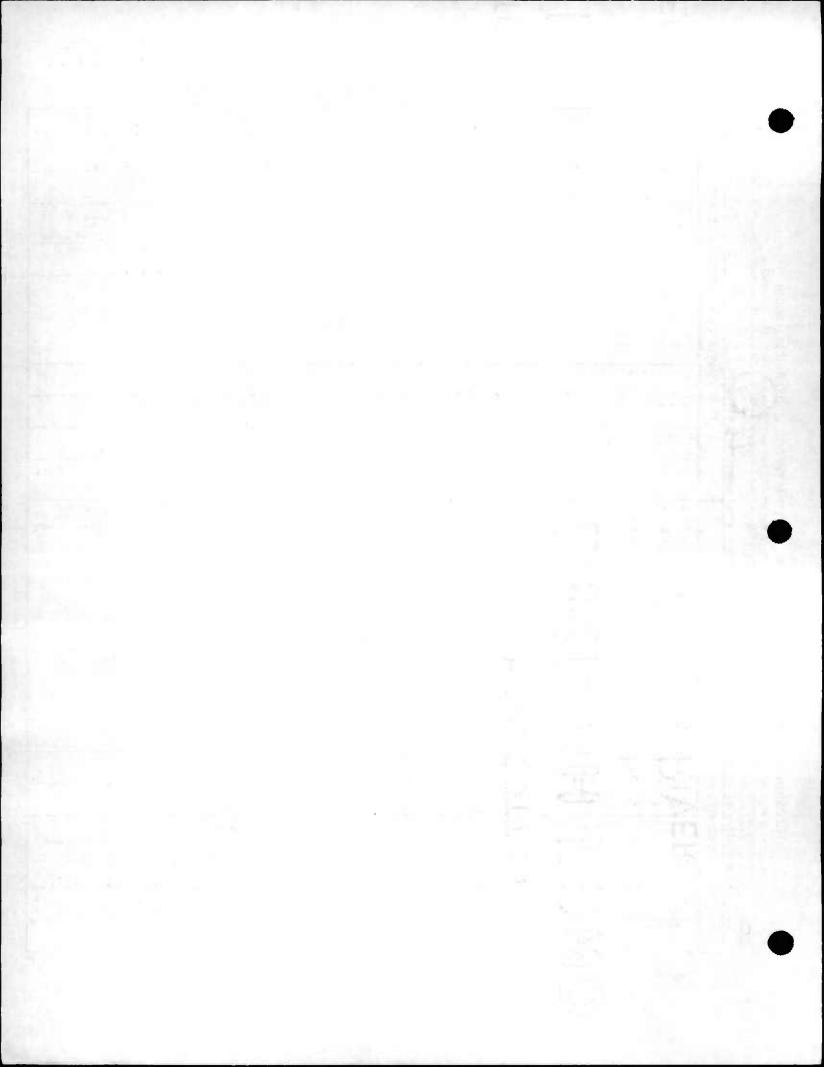
31. OATE FILED (Month, Day, Year)
APR 1 3 1991



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	* REGISTRAR		CERI	IFICAL	E OF	DEATH	F	REG. NO.			
3	1. DECEDENT'S NAME (First, Middle, Last) NATHANIEL	J		MADISON - 1 K - 1			2. DATE OF MONTH	DATE OF DEATH DAY 1991 9:45 P M			
1	4. SOCIAL SECURITY NUMBER 217-98-2398	5. SEX 6	AGE (In yrs. last birtho	MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. Sept]	av. Year)	964	8. BIRTHPL Country) Mary	ACE (State or Foreign
_	9a. FACILITY NAME (If not institution, give s			100		OR LOCATION OF OR	ATH	9c. COUNTY OF DEATH			
TOF	STREET-2700 WEST	STREET-2700 WEST NORTH AVENUE				BALTIMORE CITY					
DIRECTOR	10a. STATE 10b. COUNT Maryland	10c.	CITY, TOWN	imore				10d. INSIDE CITY LIMITS? 1XXYES 2 N			
	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY			
FUNERAL	1930 West North Avenue			21217				U.S.A.			
BY FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 VES 13 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE			XXIO If yes, specify Cuban, Mexican, Puerto Rican, atc.)					or No —	14. RACE — American Indian, Black, White, atc. Specify: Black	
G	15. DECEDENT'S EQU (Specify only highest grade		16a. DECEDER				16b. KI	ND OF BUS	NESS/INC		DIACK
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do No	(Give kind of work done during most of working life. Do NOT use retired.)							
8	17. FATHER'S NAME (First, Middle, Last)		As	pesto	s Ren	10Va 1	ME (First, Mide	Who		t	
BE C	Nathaniel J.	Madison,	SR.			Helen W			,		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAI			and Number or Rural I	Route Number,				
	Helen Madison					Way APT					
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	of cemetary, crema	matany crematony or other place)				E 20c. LOCATION — City or Town, State			
	4 Donation 5 Other (Specify) Western Star Cemetery 4/25 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nurter Funeral Homes, Inc. 2501 Gwynns Falls Parkway										
- 1	Delimon R Pauley 2501 Gwynns Falls Parkway Baltimore, Maryland 21216										
ATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFI	that initiated events resulting in death) LAST										
MEDICAL CERTIFICATION	PERFORMED? 1) YES 2 \(\text{NO} \)						VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 Di	OTH OA 4 🗆 I	ER:			Specify)		STREE	T
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence XX Other (Specify) STREET									
ВУ	1 Netural 5 Pending 2 Accident Investigation	04 20	1991 9	:35P M	1 🗆	YES XX NO		SHOOTING			
	3 Usuacide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State)							ite Number,			
COMPLETED	deal city	BICIAN: To the best of m	ny knowledge, death o	curred at If	ne Ilme, dat	a and place, and due	to the cause	(a) and man	ner as sta	ted.	
	2 MEDICAL EXAMIN		mination end/or invest	igation, in a	ny opinion,			na piace, an			
BE	296, SIGNATURE AND TITLE OF CERTIFII	Swift M	D			OCME			D	E SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
		MD DCM		-	111 I	PENN STRE	ET B	ALTIM	ORE,	MARY	LAND 21201
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	•							



nding physician.	as the burial-transit pe	
		NGE.
e retained by the	e S should be d	notified at 0
. Page 6 may b	ral director, page	iner must be
nours after death	d in by the fune or removal.	medicai exam
uted within 24 h	I completely fille urial, cremation,	ic event, the
ertificate be exec	ing physician and glene prior to be	other traumat
that the death c	ed by the attend	any injury, or
The law requires	e has been sign te Dept, of Healt	m 23 shows
NG PHYSICIAN: 1	fer this certificat eath with the Star	marked, or Ite
AL OR ATTENDI	AL DIRECTOR: Af	If item 28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the incurrence that the death certificate be executed within 24 hours after death. Page 6 may be retained by the incurrence and the control of the control	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described within 72 hours after death with the State Dent, of Health and Mental Motiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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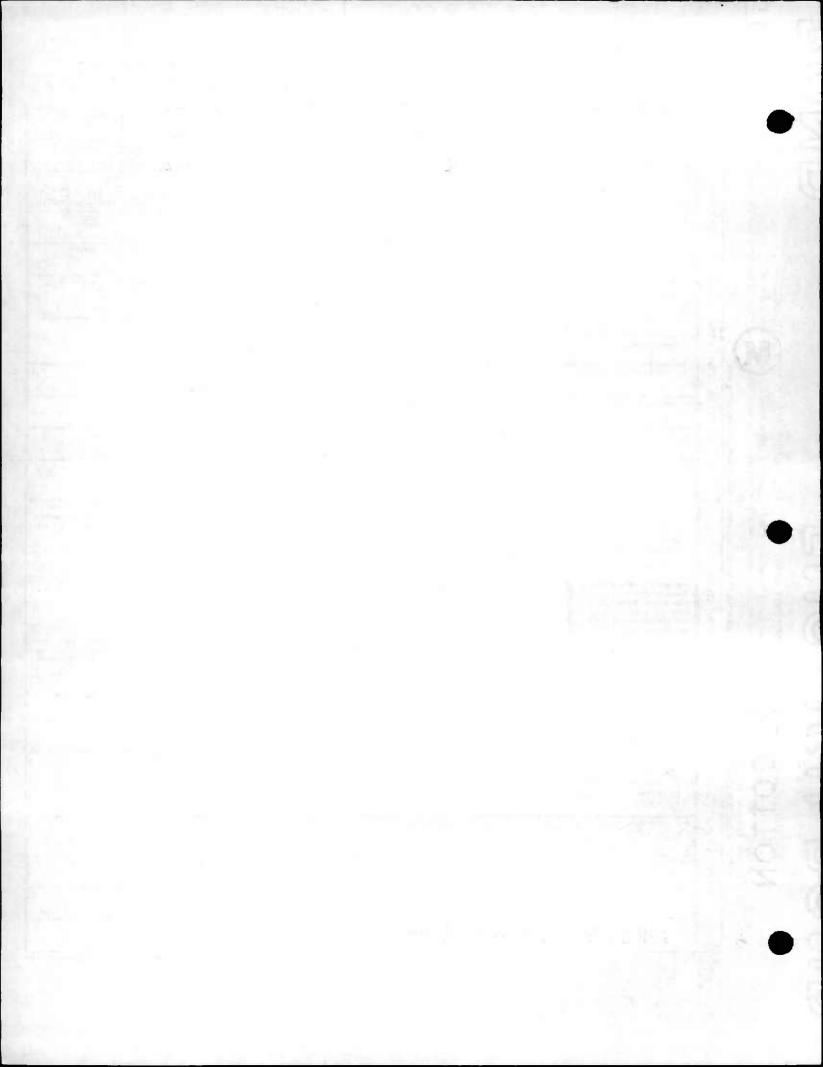
31. DATE FILED (Mornth, Pay, 1991)
APR 2 4 1991

		9.1	11125						
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	REG. NO.							
Г	1. DECEDENT'S NAME (First, Middle, Last)								
	ROSA LEE MARSHALL		YEAR A M						
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.). BIRTHPLACE (State or Foreign						
	216-09-4154 1 M 2 XF 98 YRS. MONTHS DAYS HOURS MIN.	FREDRICKSBURG							
<u>~</u>	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN DR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 86. COUNTY OF DEATH 86. COUNTY OF DEATH 86. COUNTY OF DEATH 86. COUNTY OF DEATH								
무	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY LIMITS 7 BALTIMORE 11 Yes 2								
FUNERAL	100. BTREET AND NUMBER 101. ZIP CODE 109. CITIZEN DF WHAT COUNTRY? 101. N. ARLINGTON AVE APT 711 21217 US A								
빌			OZA						
B	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT IN U.S. ARMED If yes, apecify Cuban, Mexican 1 Yes, apecify Cuban, Mexican 1 YES 2 ND Specify:	, Pusrlo Ricsn, etc.)	4. RACE — American Indian, Black, White, atc. Specify: BLACK						
节日	15. DECEOENT'S EQUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND DF BUSINESS/INDU	STRY						
COMPLET	Elemantary/Secondary (0-12) Collegs (1-4 or 5+) life. Do NOT use retired.)								
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAM	IE (First, Middle, Maiden Sumame)							
	Mar	RV NOEL							
BE	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Pa	*/	Corde)						
2									
		TOTAL TIP	L215						
	1 X Burial 2 Cremation 3 Removal from Stats of cemetary, crematory or other place)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such	ss cardiec or respiratory srre							
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death								
	disease or condition resulting in death) . Cardi of horary fruit		Minute						
	DUE TO (OR AS A CONSEQUENCE DE)								
2									
ERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (DR AS A CONSEDUENCE OF):								
[₹	couse. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEDUENCE DF):								
눈	resulting in death) LAST								
8									
됨	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUT ANALABLE								
		1 [] YES 2 (NO	COMPLETION OF CAUSE OF DEATH?						
			1 - YES 2 - NO						
9									
₹	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Che	ck only one)							
S	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA Nursing Home 6 Residence	8 ☐ Other (Specify)							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28s. DATE OF INJURY 265 TIME OF 26c INJURY AT	26d. DESCRIBE HDW INJURY OCCI	JRED						
	1 Netural 6 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO								
B	2 Accident investigation 28e PLACE OF INITIRY — At home form street factory office	281. LOCATION (Street and Number of	or Rural Route Number						
ETED	3 Sulcide s Could not be determined 28. Could not be determined 28. PLACE OF INJURY — All home, farm, street, factory, offics City or Town, Street and Number or Rural Route Number, City or Town, State)								
COMPLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due one) Description of the basis of examination and/or investigation, in my opinion, death occurred at the								
S A	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM	BER 29d. DATE	SIGNEO (Month, Day, Year)						
-	Thushall MP D386	15	23 91						
1 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OF CHESHULAM 302 Greenson of Station C	oleville us	21093						
	The support of the su		21012						

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WICHM 302 Creams pr

31. RECESTRATES BIGNITURE



and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

permit. Pages 1, 2, 3 should

en signed by the attending physician and completely filled i of Health and Mental Hygiene prior to burial, cremation, or

has been

executed within

requires that the death certificate be

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH (William J. McDonald) YEAR William 0030 4 91 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 1 X M 2 | F YRS. 138 16 9732 30 19 North Carolin 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Loch Raven VA Medical Center Baltimore 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNTY 10d. INSIDE CITY MD XTX XYES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER IN ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 USA Walnut Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Divorced Specify: BY WW2 **Black** ETED | 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe during most of working Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Mechanic 17 FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Augustus McDona1d Minnie McDonald 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Boute Number, City or Town, State, Zio Code) 0 21217 Eutaw Place#613 Hattie Crosby 1701 Raltimore. Maryland examiner must be 20s. METHOD OF DISPOSITION

X1 12 Teurist 2 □ Cremation 3 □ Re
4 □ Donation 5 □ Other (Specify) □ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State Forest Vet. Cem Owings Mills, Md 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNITIAL SERVICE LICENSEE 1701 McCulloh St 6 Chatman-Harris F/H Baltimore, W Md the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch ee cerdlec or reepiratory erreet, **Approximate** shock, or heert fellure. List only one cause on each line. Interval Between Oneet and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Respiratory Fai traumatic event, DUE TO (OR AS A CONSEQUENCE OF): neumanile CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Cancer CAUSE (Diseese or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? shows any 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
12 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Home 5 🗆 Residence 8 🗀 Other (Specify) 4 - Nurs 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, Natural
2 Accident м 1 YES 2 NO BY Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28 Is 8 Could not be determined COMPLETED 4 🔲 Homicide PORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the be stigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

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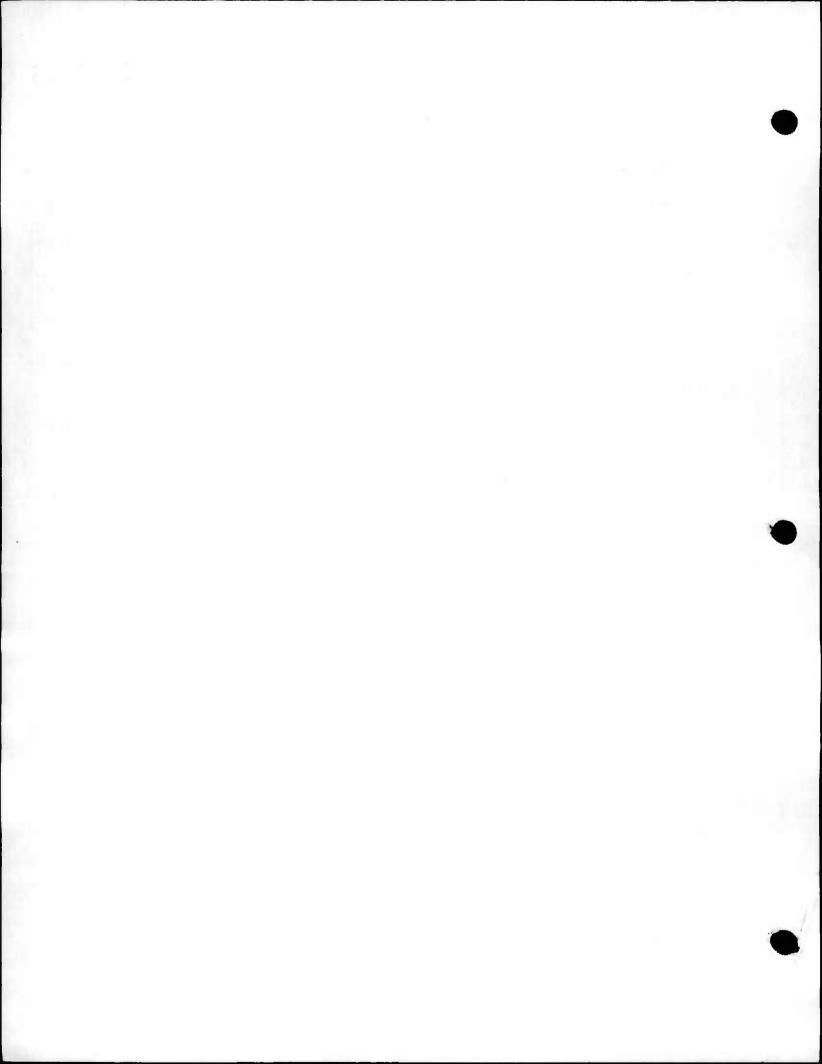
ND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C. Brackett Raven Blud

31. DATE FILED (Morth, Day, Year) 22. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

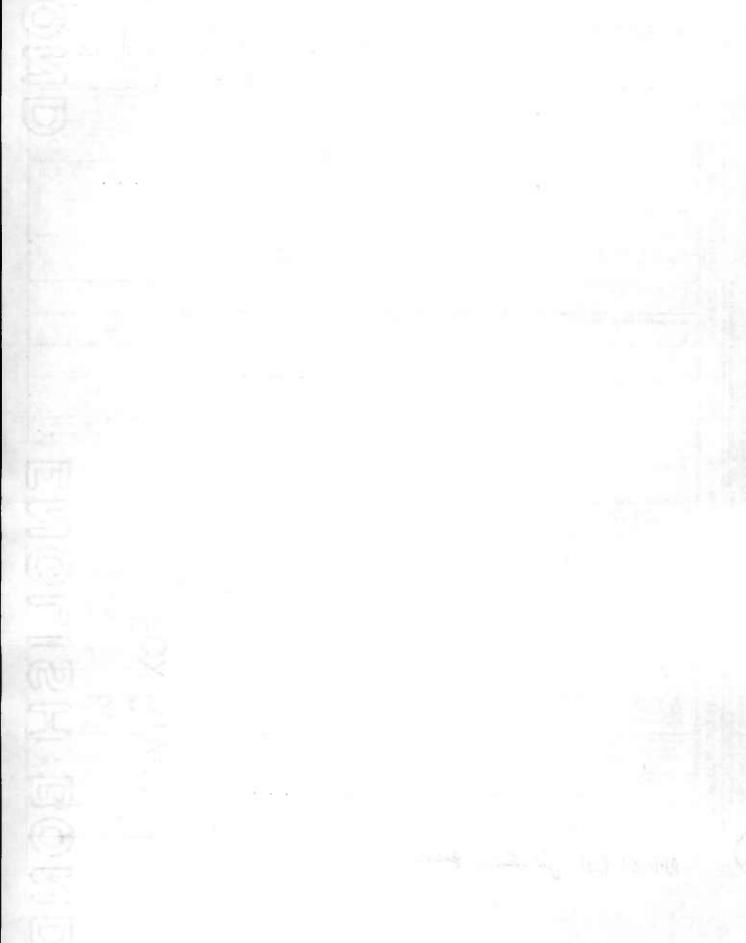
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physical physi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E	11121
1. DECEOENT'S NAME (First, Middle, Last) SHERMAN		MORR	IS, JR.	2. DATE OF OEATH DA	y year 199	
4. SOCIAL SECURITY NUMBER 215-42-6260	1 X M 2 □ F 47	YRS. MONT	1,550	7. DATE OF BIRTIN (Month, Day, Year) 03-26-19	44 Ma	RTNPLACE (State or Foreign unitry) ryland
9e. FACILITY NAME (If not institution, give str 10 OTLEY COURT AP		100	OODLAWN	EATH	BALTIM	ORE COUNTY
10e. STATE 10b. COUNTY	IMORE COUNTY	10c. CITY, TOV	AWN			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
10e. STREET AND NUMBER 10 OTLEY COURT AP 11. MARITAL STATUS 1. 57 Never Merried 2 Merried	Т.2-В		101. ZIP CODE 2 1 2 0 7			S.A.
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 1 YES :	2 XNO	13. WAS DECENOENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, atc. poetly: BLACK
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12) 17. FATNER'S NAME (First, Middle, Last)			one during most of working ed.)	16b. KINO OF BUS	INESS/INDUSTRY	
		Janitor	18. MOTNER'S NA	AME (First, Middle, Maiden	Surname)	
Sherman Morris 190. INFORMANT'S NAME (Type/Print)	. Sr.	19b. MAILING ADO	Alice RESS (Street and Number or Rural	E. Mino Route Number, City or Tow		2 01100
Earline Cole 20a. METNOD OF DISPOSITION 1 Sp Burial 2 Cremation 3 Remo		3710 Br			1stown Cation – City of	
4 Donation 5 Other (Specify)	P16	easant R	est Cemeter	Will tray		-
+ Luny of	Junis		Chatman-Har		1701 M Baltim	cCulloh St
iMMEDIATE CAUSE (Fine)	omplications that caused the last only one cause on each cause on each cause on each cause on each cause on each cause on each cause of the cause of	h lina. HYTHMIA	nter the mode of dying, su	ch as cardiac or respi	ratory srrest,	Approximate Interval Between Onset end Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	, i				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1					
PART II. Other significant conditions	s contributing to death but	not resulting in th	e underlying cause given is	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				_		1 VES 2 X NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpati		26. PLACE OF OEATH (C HER: Nursing Home 5 X) Residence		-9	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF OEATN 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	0
	26e. PLACE OF INJURY building, etc. (Specify)	- At home, farm, street	, factory, office	281. LOCATION (Street City or Town, State)		ral Route Number,
000000000000000000000000000000000000000	CIAN: To the best of my knowled R: On the basis of examination e					se(s) end menner as stated.
29h BIGNATURE AND TITLE OF CHIEFER	My)			M.E.		NED (Month, Day, Year) 6-1991
30. WAME AND ADDRESS OF PERSON WHO			ENN STREET BAI	TIMORE, MAR	YLAND 2	21201

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DIVISION	,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-mours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNDRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 so be field within 72 hours after death with 8 State Dept. of Heath and Mental Hygiene prior to burial, ceremoin, or removal. IMPORTANT: If Nem 28 is marked, or fine 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. OATE FILED (Month, Day, Year)

1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RUSENALUM

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32. REGISTRAR'S SIGNATURE

NO CHARLES

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MURPH MONTH 0300 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 216-05-5954 1 M 2 F MARY FSB 4 1909 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH MED CEN ONEATER TOWSON BALTIMORE BALTIMORE FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION

ARKVILLE 10e. STATE 10h. COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SADOLER RUAN V-S-A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, stc. 1 Never Merried 2 erried BY 3 Widowed 4 Divorced LIHEI COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most iffe. Do NOT use retired.) 18h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SUMPAPERS 495 12YRS. 722 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, PURPUL MARY FLAHERTY OKOL BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ABOVE FAMILY SAME COROS RS 20b. PLACE ANO DATE OF DISPOSITION (Name PATE - 25 20c. LOCATION — City or Town, State GAROSOS OF FAITH RE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY OF PLANS CHAPLL OF PLANS 8800 HARFORD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart fellure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Finel STRUKE BRAIN disease or condition resulting in death) STEM 214 14 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAN ARLE PRIOR TO HYPERCALCEMIA OF MALIGNANG 4 COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO CANCER ESOPHAGUS 1 YES 2 NO PRUSTATE CANCER PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: 1 | YES 2 | NO epatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence & ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 | Homicide 29e. CERTIFIER

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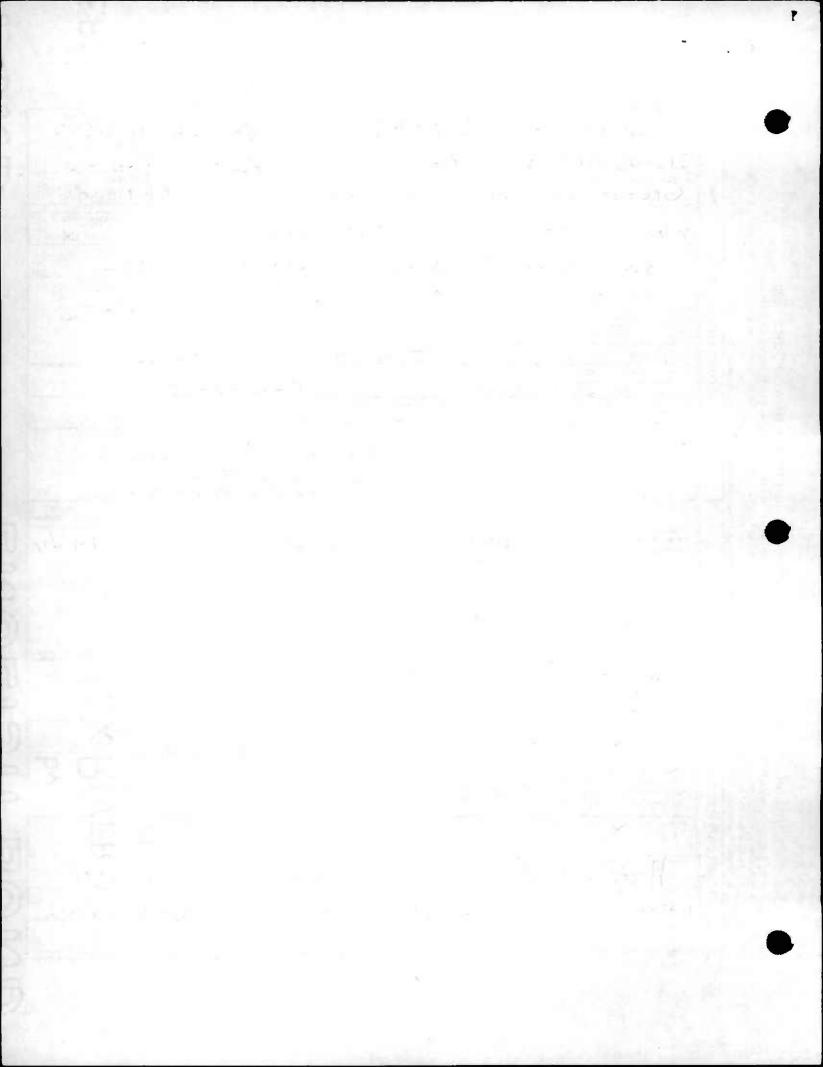
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(C 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year BE 4-22-91

DHMH-18 Rev 1/89



DHMH-16 Rev 1/69

	1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	. 11125
	Gloris A. McBuri Gloria McBurney	ney	2. DATE OF OEATH DAY	YEAR 3. TIME OF DEATH 1: +2 A M
8	4. SOCIAL SECURITY NUMBER 219 50 5526 5. SEX 6. AGE (In yrs. lest birthdey) 1	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	June of Birth	8. SIFTHPLACE (State or Foreign
TOR		timore	ATN 9c. C	COUNTY OF DEATH
FUNERAL DIRECTOR	Md. Baltimore 10c. CITY, TOWN C			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 1 NO
VERAL	100. STREET AND NUMBER 1004 Foxwood Lane	10f. ZIP CODE 21221		CITIZEN OF WHAT COUNTRY? USA
à	1 Never Married 2 W Married FORCES? 1 YES 2 NO	WAS DECENDENT OF NISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, stc. Specify: White
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 2 Clerk	during most of working	16b. KIND OF BUSINESS	
COM	17. FATHER'S NAME (First, Middle, Last) Albert C. Safranek	18. MOTHER'S NA	ME (First, Middle, Melden Surnam	ne)
10 B			Poute Number, City or Town, State Balto., Md. 2	
	20s. METHOD OF DISPOSITION 1 Sourial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)		4/26/91 I	N — City or Town, Sista Baltimore Co., Md
) 2 0 - W - B		uneral Home I Ave. Balto.	
	23. PART I Enter the diseases, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF):	r tha mode of dying, suc	h aa cerdiac or reapiratory	Approximate Interval Batween Onsat and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			
CAL	PART II. Other aignificant conditions contributing to death but not resulting in the un	nderlying cause given in	Part I. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 X NO	AVAILABLE PRIOR TO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHE	26. PLACE OF DEATH (Ch	eck only one)	
PHYSICIAN: MEDI	1 T 100 0 T 100 0	28c. INJURY AT WORK?	8 Other (Specify) 28d. OESCRIBE NOW INJURY	OCCUREO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fac	1 YES 2 NO	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MBER 29d.	DATE SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARK S. SCHNITZER, MS F.	sucis Scott Ke	er Medical Co	enter Bultimore

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BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

PF VITAL RECORDS, P.O. BOX 68760,

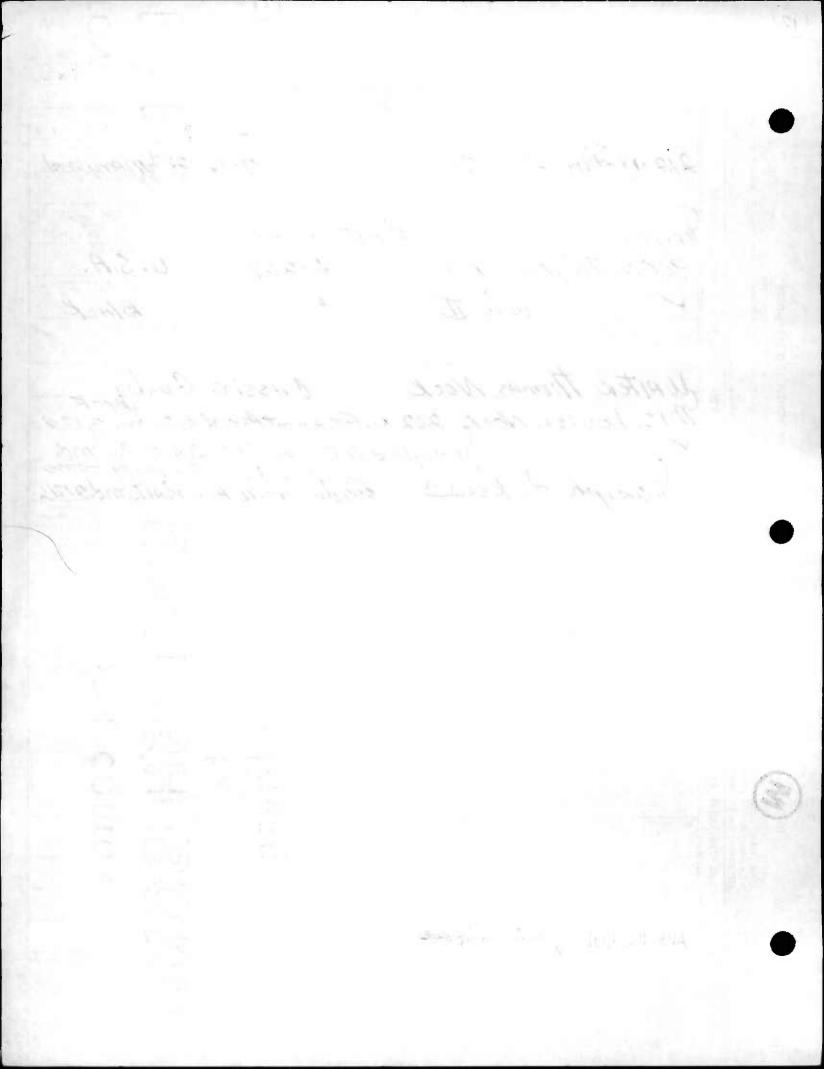
TO THE HOSPITAL OF THE MAN ANDICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIFFICUREMENT IN SECTION OF A SECTION OF THE PROPERTY IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
	C	ERTIFICATE	OF DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE UF M			ICATE (MENIAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>		2. DATE OF DEATH	<u>.</u>		3. TIME OF DEATH
MELVIN NOCK							MONTH	A .	YEAR	7:21 a m
4. 5.5 NO 212-18-4916		6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	EAR IF U	NDER 24 HRS.	7. DATE OF BIRTH		8, BIRTHP	LACE (State or Foreign
212-18-49,4	1 2 F	70	YRS.	MONTHS DA	AYS HOU	RS MIN.	(Month, Day, Year)	- 20	Country	milson
9a. FACILITY NAME (If not institution, give str				96. CITY, TO	OWN OR LO	CATION OF D	EATH	9c. CO	UNTY OF DE	ATH ATH
UNION MEMOIRA	r WOCDT	пат		D 7 T T	TWOD		_ **			
AESIDENCE OF DECEDENT	1 DUSET	TAL				E CIT	T.Y	_		
100. STATE 100. COUNTY			10c. CIT	Y TOWN OR L	LOCATION					10d. INSIDE CITY LIMITS?
Maryland			10	214/1	im	026				1 YES 2 NO
100. STREET AND NUMBER	/	01			101. ZIP (CODE	4.0	10g. CI	TIZEN OF WI	HAT COUNTRY?
908 Nolling	nam	RA			O	126	29	1 6	1,0	177
11. MARITAL STATUS 1 Neger Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 T	MED 40	13. WAS	S DECENDER S specify (NT OF HISPAI Cuben, Mexico	NIC ORIGIN? (Specify) an, Puarto Ricen, atc.)	es or No-	14. RACE Black,	American Indian, White, etc.
3 Widowed 4 Divorced	F YES, GIVE W	AR OR DATES		1 🗆	YES 2	NO Specif	ly:		Specify	la b
15. DECEDENT'S EDUC	ATION	16a DF	CEDENT'S	USUAL OCCU	IPATION		16b. KIND OF E	I ISINESS/II	IDUSTRY	MCC
(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(G	ive kind of a	work done durir	ing most of w	rorking				
Elementary/Secondary (0-12)	College (1-4 or 5+)	,								
17. EATHER'S NAME (First, Middle, Last)	/				18, 1	MOTHER'S NA	ME (First, Middle, Maid	n Surpeme)	1	
MAITER 11:	sams'	Noc	V,			1 s	ssip.	61	who	,
19a_INFORMANT'S NAME (Type/Print)	0111111			ADDRESS (S)	treet and Nu	mber or Rural	Route Number, City or 1	own. State. 2	io Code	INFE
Thrs. Louis	· Nho	1/2	12	116	-00		+ Aug A	n.1 to	4	ואפות
20a, METHOD OF DISPOSITION	C 770	20b. PLACE	AND DAT	E OF DISPOSI	ITION (Nam	0	DATE 20c.	OCATION -	- City or Tow	n, State
1 Duriel 2 Cremation 3 Remo	val from State	9 emetary	cremeten	or other place	Int	Non	4/25	Ball	to C	mod
21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE	1	7		ME AND AD	DRESS OF FA	vcium .	SILA	2010	1 Home,
110 -6	1 V	1.01	1/	120	25 4	カト・	Kuss	0	141	1 / 4 10/4
Hoseph	0,10	Wals		29	2Ak	LNO	orth HUE	101	2/10/1	nd.2145
21. PART L Enter the diseases, or c ahock, or heart failure. L	omplications that lat only one cau	t ceused the de se on each line	ath. Do	not enter the	e mode of	dying, suc	ch aa cardiac or re	piratory e	rreet,	Approximate interval Between
IMMEDIATE CAUSE (Finel		^				0				Onset and Death
disease or condition reculting in death)	PI	(OR AS A CONSE	5	2 ary	- 0	der	na			46'
	DUE TO	OR AS A CONSE	OUENCE O)F): /	1					
Sequentially list conditions,		lund	20	-	-100	ما				<u> </u>
If any, leading to immediate cause. Enter UNDERLYING	002 10	(OR AS A CONSE	JUENCE U	rr):	0		0.	bu		
CAUSE (Disease or injury	. DUE TO	OR AS A CONSE	DUENCE O	FI:	100	011	your	v Ly		<u> </u>
that initisted events resulting in death) LAST		,		. ,						
	-									
PART II. Other algnificent conditions	contributing to	death but not i	reaulting	in the unde	riying cau	ise given in		AN AUTOPS'		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 _ YES	1		COMPLETION OF CAUSE OF DEATH?
									63	1 YES 2 NO
							7.1			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLACE	OF DEATH (C	heck only one)		-1	
1 TES 2 THO	1 Inpatient 2	ER/Outpetient 3	□ DOA	OTHER:	g Home 5	Residence	8 - Other (Specify)			
27, MANNER OF DEATH	28a. DATE OF (Month, De	INJURY ay, Ybar)	28b. TIA	ME OF 28 JURY	Bc. INJURY /	AT	28d. DEŞCRIBE HO	V INJURY O	CCURED	6.3
1 Natural 5 Pending 2 Accident Investigation				M	1 YES	2 NO				
3 Suicide a Could not be	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	me, ferm,	street, factory,	, office		28t. LOCATION (Stre City or Town, Sta	et and Numb	per or Rural R	oute Number,
4 Homicide determined						75				
29a. CERTIFIER 1 DERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occur	red at the time	e, date and p	place, and du	e to the cause(e) and r	nanner sa a	tated.	
one) 2 MEDICAL EXAMINE										and manner as stated.
29b-SIGNATURE AND TITLE OF CERTIFIER					29c	LICENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
(1028M	10	awhil R	0 0					1	1/19/91	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	e, Print)				-	111111	
Christman R	Coron mo									
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE								
APR 23 1991	was warner	m-Handel	-							



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		HYGIEN	
1. DECEDENT'S NAME (First, Middle, Last) Thomas Norman		2. DATE OF MONTH April	DEATH	DAY

	1. DECEDENT'S NAME (First	Middle, Last)	n de L							2. DATE OF D			WE40	3. TIME OF DEATH	
	Thomas	Norma	n							MONTH April	19,	1991	YEAR	7:50 P M	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BI	IRTH			LACE (State or Foreign	
	216-01-2814		1 🙀 M 2 🗆 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 7-1	9-12	2	Mary	yland	
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)	f + o 1				R LOCATI		EATH		9c. COUR	NTY OF DE	ATH	
OR			ral Hosp	TEST		pa I.	LTIUO	re C	тťУ				n/a	3.	
띪	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						ION					T	10d. INSIDE CITY		
HIC	Maryland n/a					altin			J				- 1	LIMITS?	
ارا	10e. STREET AND NUMBER						-	. ZIP COD	_	-		10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL DIRECTOR	4 Upland Road Apt. 39							2121	0_				U.S.A.		
3	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Sp	ecify Yea	or No-	14. RACE	- American Indian, White, atc.	
7	1 Never Married 2 🖂 3 Widowed 4 Divo		IF YES, GIVE Y	YES 2 MAR OR DATES	_ NO			2 XNO		n, Puerto Rican	, atc.j		Specify	r:	
		EDENT'S EDU		1400	DECEDENT'S		COLIBATIO	241		L det Mitti	or Bue	SINESS/IND	NIOTEN	White	
11	(Specify only	y highest grade	completed)		(Give kind of life. Do NOT u	work done (se retired.)	during mo	ist of worki	ng	100. KINI	J OF BUS	INESS/IND	JUSTRY		
COMPLETED	Elementary/Secondary (0 12 years	1-12)	College (1-4 or 5	+)		C1	erk			11.5	. Pe	netal	Ser	vice	
OM	17. FATHER'S NAME (First, M	iddle, Last)					CLIC	18. MOT	HER'S NA	ME (First, Middle			· OCL	VICC	
BE C	William Ni	cholas	Norman					Ma	ay We	eir					
TO B	19a. INFORMANT'S NAME (7			T	19b. MAILING	ADDRESS	(Street a			Route Number, C	ity or Town	n, State, Zip	Code)		
۲	Margaret M	. Norm	nan		4 Upl	Land	Rd.	Balt	imon	re, Mar					
	20a. METHOD OF DISPOSIT 1 ☐ Burlal 2 🗹 Crematic	n 3 🗆 Rem	oval from State	20b. PLAC	E OF DISPO	SITION (Na	me of cer	metery, crer	natory or	22/04	20c. LO	CATION —	City or Tow	rn, State	
	4 ☐ Donation S ☐ Other	(Specify)		Gree	n Mour	it Ce	mete	ery	4/2	22/91	Ва	Ltimo	ore, l	Maryland	
			1_1	90%	77	22.	Mita	che I	SS OF FA	edefeld	l Hor	ne			
	▶ John G	. Reit	z //01	M K NK	3/		6500) Yo	ck Ro	d. Balt	imo	re, M	iaryl:	and 21212	
	23. PART i. Enter the d		complications th			not antar	tha mo	da of dy	ing, auc	h aa cerdlec	or reepi	ratory en	rest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Fir	nal												Onset and Death	
	diaease or condition resuiting in death)	→	. Arteri				ovas	cula	r di	sease					
			DUE TO	O (OR AS A CON	SEQUENCE C	OF):									
NO I	Sequentially list condit		b	OR AS A CON	SEQUENCE C	DF):								-	
ZAT	if any, leading to imma couse. Enter UNDERLY	ING													
빌	CAUSE (Disease or injuthst initiated events		DUE TO	OR AS A CON	SEOUENCE C	F):									
CERTIFICATION	resulting in death) LAS	" (d												
	PART II. Other significa	nt condition	ns contributing to	o death but no	t resulting	in the ur	nderiyin	g cause	given in	Part I. 24a		AUTOPSY		WERE AUTOPSY FINDINGS	
EDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED										_ "				OF DEATH? 1 YES 2 NO	
I I															
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOREITAL					LACE OF I	DEATH (Ch	neck only one)					
YSI	1 🗌 YES 2 🗌 NO		HOSPITAL:		3 🗆 DOA	4 Nu	sing Hor		asidance	8 Other (Sp	ecify)				
PH	27. MANNER OF DEATH 1 (X) Natural 5	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY	W	JURY AT ORK?		26d. DESCRI	BE HOW I	NJURY OC	CURED		
BY	2 Accident	Investigation		OF 141 H1774		М		YES 2	NO						
G	3 Suicide 6 4 Homicide	Could not be determined	250. PLACE building	OF INJURY — At , atc. (Specify)	nome, farm,	streel, fac	tory, offic	on.		28f. LOCATIO City or To	N (Street wn, State)	and Number	r or Rural R	oute Number,	
H	29a CERTIFIER														
COMPLET	(Check only		FR: On the best of											and menner as stated.	
8					- unantifut	, n: my	-punoti, i				prove, all				
띪	29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Dwy, Year)							29c. LIC	ENSE NU	WBER					
	# Had reckhaus 11/1) \ 4/20/91														
5	30. NAME AND ADDRESS O	F PERSON/W	PO COMPLETED CA	USE OF DEATH	TEM 27) (Tvn	e, Print)						4/	20/9	1	
	30. NAME AND ADDRESS O H. Reckh	F PERSON W		USE OF DEATH (Maryla			1 но	l ospit	al.			4/	20/9	1	
	30. NAME AND ADDRESS O H . Reckh 31. DATE FILED (Month, Day,	aus,M.	D. C/C	Maryla Marylanarus	and Ge	enera	.1 H	spit	al.			4/	20/9	1	
	H. Reckh	aus,M.	D. C/C	Maryla	and Ge	enera	.1 но	spit	al			4/	20/9	1	

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the Rospital or attending physician TO THE FINERAL DIRECTOR. After this exertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformer.	be nied within 72 hours arec beam with the State beam, of heath and mental hydrene pilot to beniat, be medical examiner must be notified at once. IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--

Dr. Edward Miller

1. DECEDENT'S NAME (First, Middle, Last)				CATE OF			REG. NO			3. TIME OF DEAT	н
Theresa Evely	n Norfo	rd				Арг	i1 2	AY 19	991	1:30	Р.
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last t		IF UNDER 1 YEAR	IF UNDER 24 HR	7. DATE	OF BIRTH			HPLACE /State or Fo	
220-20-3074	1 □ M 2×1×F	63	YRS.	NONTHS DAYS	HOURS MIN	Ser	t. 25,	1927		hington, D	.C.
9a. FACILITY NAME (If not institution, give				96. CITY, TOWN		DEATH		9c. COUP			
715 Clover Valle	ey Court			Edgewo	od			Hā	arfo	rd	
10e. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY	
MD Balt:	imore			Timo	nium					LIMITS?	NO
10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITE	ZEN OF	WNAT COUNTRY?	
84 Padonia Road	i E				21093			US	SA		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMI	ED	13. WAS DEC	CENDENT OF HIS	PANIC ORIGI	N? (Specify Ye		14. RAC	E — American India	n,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			1 TYES	ecify Cuban, Me 3 2 NO Sp	ecity:	Hican, atc.)		Spec		
15. DECEDENT'S EDI (Specify only highest gred	UCATION le completedi	16a, DECI	EDENT'S U	SUAL OCCUPATI	ON pet of working	168	. KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	•)		ork done during mo retired.)			0664-	10			
12 years -		Off	ice	Manager			Offic				
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S			Sumame)			
Howard Steiner	t					e Que					
190. INFORMANT'S NAME (Type/Print) Deborah A. Liber				ADDRESS (Street						1040	
				over Va					_		
20s. METHOD OF DISPOSITION 1 Burlel 2 Commetter 3 Res	moval from State	of cemetary, c	rematory o	OF DISPOSITION of other place)	(Name	DAT		OCATION —		own, State	
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		- I Green			O MITT	. 1/	24 0-1	Limon		3.00	
	JCENSEE		Moun	t Cemet		4/	24 Ba1	timor	ce,	MD	
Val. 6.	JCENSEE		roun	Johns	on Fune	ral H	ome			10	
· John to-	Delon			Johns 3521	on Fund Loch Ra	ral H ven B	ome lvd.	Balto	D.,]	10	4
23. PART/I. Enter tha diseases, or abook, or heart failure	Octor	t caused the daar		Johns 3521	on Fund Loch Ra	ral H ven B	ome lvd.	Balto	D.,]	MD 2120	ita
ahock, or heart failure iMMEDIATE CAUSE (Final	Octor	t caused the daar		22. NAME A Johns 8521	ND ADDRESS OF SON Fundamental Loch Range of dying,	ral H even B such as car	ome 1vd. diac or reap	Balto	D.,]	MD 2120	ita itwe
ahock, or heart failure	Octor	t caused the daar		22. NAME A Johns 8521	on Fund Loch Ra	ral H even B such as car	ome 1vd. diac or reap	Balto	D.,]	MD 2120	ta twe
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition	complications the List only one cau	t caused the daar	th. Do no	22. NAME A John's 8521 Stantar the mo	ND ADDRESS OF SON Fundamental Loch Range of dying,	ral H even B such as car	ome 1vd. diac or reap	Balto	D.,]	MD 2120	ita itwe
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	complications the List only one cause	t caused the deal se on each line. houstand (OR AS A CONSECU	UENCE OF	22. NAME A Johns 8521 of anter the mo	ND ADDRESS OF SON Fundamental Loch Range of dying,	ral H even B such as car	ome 1vd. diac or reap	Balto	D.,]	MD 2120	ita itwe
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	complications the List only one cause	t caused the dan ise on each lina.	UENCE OF	22. NAME A Johns 8521 of anter the mo	ND ADDRESS OF SON Fundamental Loch Range of dying,	ral H even B such as car	ome 1vd. diac or reap	Balto	D.,]	MD 2120	ita itwe
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Good Samaritan

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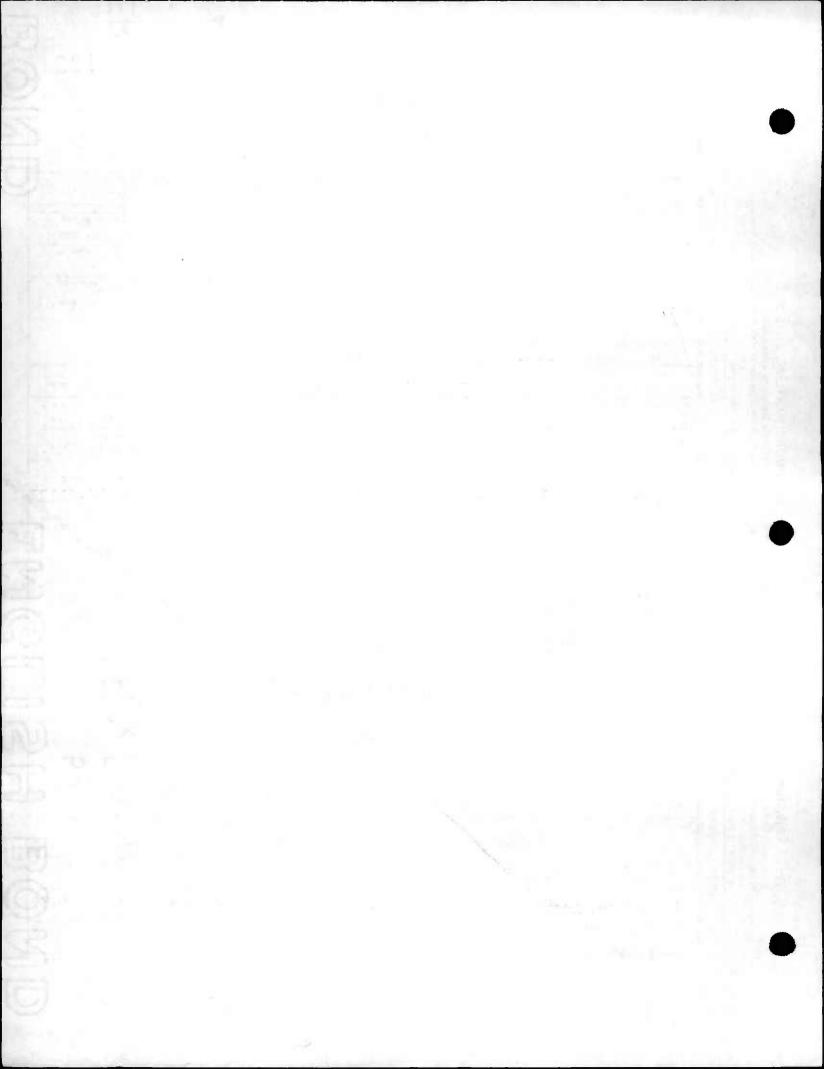
DHMH-16 Rev 1/89

ansit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		-		2. DATE OF DEATN	YEAR	3. TIME OF DEATH
		RUTH A		EIGHOFF	April 17.	1991	7:06 P. M
		SEX 8. AGE (In yrs. les	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 5/26/192	Country	LACE (State or Foreign
	220 10 0047	□ M 2 X X 64	YRS.				land
c	9a. FACILITY NAME (If not institution, give street	t and number)		N OR LOCATION OF DE		9c. COUNTY OF DE	
[[l Bojan Court		M	illersvi	i i e	Anne Ar	under
DIRECTOR	Maryland Anne	Arundel	10c. CITY, TOWN OR LO	asadena			10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER 682 W. Shore	Road		10f. ZIP CODE 21	122	10g. CITIZEN OF WI	A .
BY FUN	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Nover Married 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XI IF YES, GIVE WAR OR DATES	NO If yes	DECENDENT OF NISPAI , specify Cuban, Mexica YES 2 X XIO Specif		r No 14. RACE Black, Specify	- American Indian, White, etc.
G	15. DECEDENT'S EDUCATI	ION 16e, DE	CEDENT'S USUAL OCCUP	ATION	16b. KIND OF BUSIN	IESS/INDUSTRY	
E	(Specify only highest grade con	npleted) (G life:	live kind of work done during . Do NOT use retired.)	most of working			
릴			Operator		Tele	phone C	Company
COMPLET	17. FATNER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden Su	irname)	
BE (Walter	S.	Williams	Madeli	ne		Brewer
0	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADORESS (Str	et and Number or Rural	Route Number, City or Town,	State, Zip Code)	21666
	Mr. Theodore Wm.		827 Mo		OT Road S	tevensv	
	1 X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)				4/20/91 G		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		22. NAM	E AND ADDRESS OF FA	CILITY		
	>7/.1. · 1.64	(0: 1/)		-	neral Hom		
	23. PART I. Enter the diseases, Dr com	policitions that caused the de	1 3 2 0	4 Mounta	in Road P	asadena	, Md. 21122
	ahock, Dr heert fellure. Lie IMMEDIATE CAUSE (Final disease pr condition	CARDIAC F	.	mode of dying, odd		and,	Interval Between Onset and Death
	resulting in death) e	DUE TO (OR AS A CONSE					
z	Sequentially list conditions, b	LUNG CAT					
CERTIFICATION	if eny, leading to immediate couse. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF):				
	CAUSE (Disease or Injury \$ c	OUE TO (OR AS A CONSE	QUENCE OF:				+
F	that initiated events resulting in deeth) LAST		,				
S	DITT II OIL 1 III 1						
₽.	PART II. Other significent conditions of	SHATLOW.	reculting in the under	ying cause given in	Part I. 24s. WAS AN AL PERFORM	UTOPSY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	618	etroly to	Loughedac	8 .	1 TYES 2		OF DEATH?
		CIPOLIT			_		1 Nes 2 No
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		2	B. PLACE OF DEATH (C)	neck only one)		
S		IOSPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	Nome 5 - Residence	8 Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c	INJURY AT WORK?	28d. DEŞCRIBE NOW INJ	JURY OCCURED	7.77
ВУ	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO			
유	3 Suicide 8 Could not be 4 Nomicida detarmined	28e. PLACE OF INJURY — AI he building, etc. (Specify)	ome, farm, street, factory,	office	28f. LOCATION (Street and City or Town, State)	d Number or Rural R	oute Number,
	29a. CERTIFIER						
COMPL	(Check only	N: To the best of my knowledge, do On the bests of exemination and/or					and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	, , , , , ,	29c, LICENSE NU		29d. DATE SIGNED	
BE	W-manez	ureland		ZPG. EICENSE NU	mus.n	> DATE SIGNED	(muskii, Day, rear)
2							
-	30. NAME AND ADDRESS OF PERSON WHO ALLE MANEJUA	OMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	. White can	or the Cal Con	MURA	E MD 21061

Devidson-Randa 13

APR 2 4 1991



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

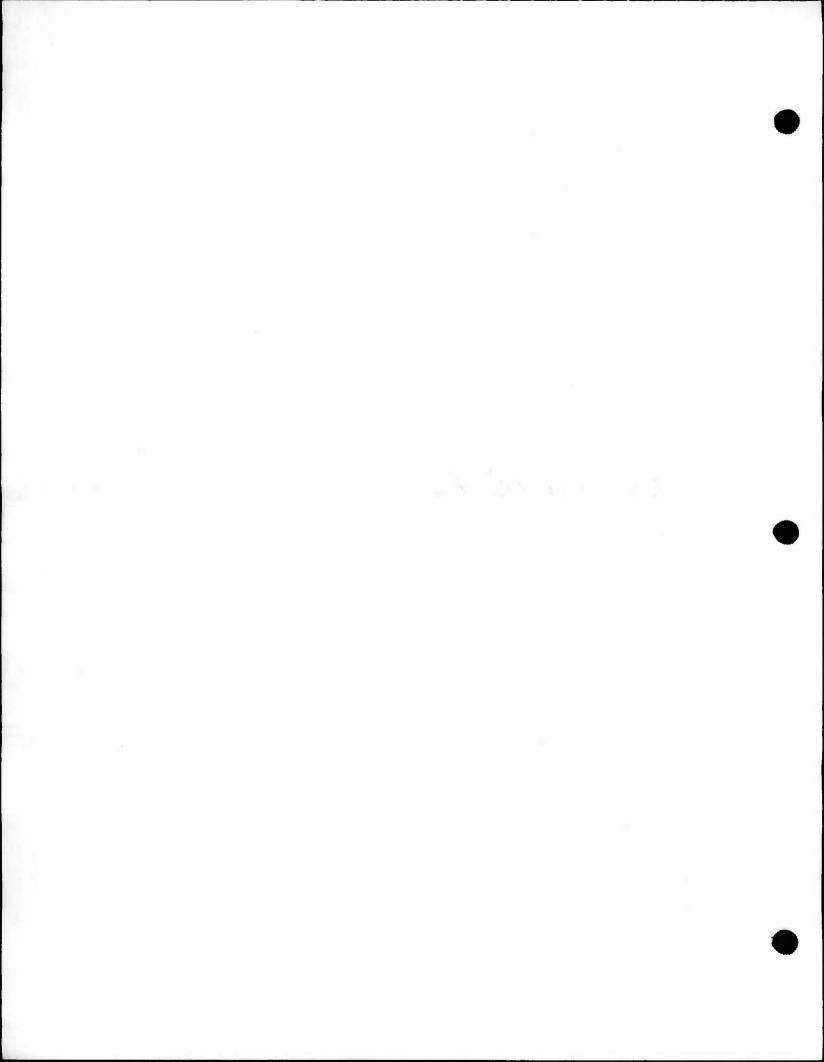
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
			Jessi	e	Noe'	1				April	19.1	99 4	M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs, Is			R 1 YEAR	IF UNDER	9 24 HRS	7. OATE OF BIRTH			HPLACE (State or Foreign
	216-28-21		1 □ M 2 😾 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	7/3/190	1	Coun	ryland
	9a. FACILITY NAME (If not in			09		01 077		OR LOCATI			_		
~	ALL DESCRIPTIONS		Maria Control	_			,				9c. CO	UNTY OF I	DEATH
2	Mercy Hos		Center			Ва	ITTO	. C:	ιτy,	Ma.			
<u>n</u>	10e. STATE	10b. COUNTY	r		10c, CIT	Y, TOWN	OR LOCA	TION			-		10d. INSIDE CITY
Ä	Maryland				Ва	alto	.Ci	ty, N	٩d.				LIMITS?
3	10e. STREET AND NUMBER			-				f. ZIP COD			100 CI	TIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR		1 Max	-ab-11 0	٠.			"		230		log. or	USA	
빌	11, MARITAL STATUS	4 Mar	shall S	*	DUED	1 40	VP 0 D5			NIC ORIGIN? (Specify	W Mr.		E — American Indian,
	1 Never Merried 2	Married	FORCES? 1	YES 2		13.	If yes, sp	ecify Cubi	en, Mexica	n, Puerto Rican, atc.		Blac	ck, White, etc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE Y	WAR OR DATES			1 YES	2 📉 NO	Specif	y:		Spec	White
	15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL C	OCCUPATI	ON		16b. KIND OF	BUSINESS/II		
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	114	Give kind of e. Do NOT u	work done se retired.)	during m	ost of worki	ing				
<u> </u>	8th.Grade			"	Alte	erat	i on	Der	at.	He	chtC	ο.	
8	17. FATHER'S NAME (First, M				1110	2200	7 1 0 1 1	Y		ME (First, Middle, Mai			
Ö		John	Γ	•	Tyle	er			Alic			vans	
BE	19a. INFORMANT'S NAME ((voe/Print)		14			S (Street			Route Number, City or			,
2	Mrs.Alice		ton c	1						.Balto.			\ \ \
	20a, METHOD OF DISPOSIT		CIID	20b. PLAC	E OF DISPO				_		LOCATION -		
	X Burlal 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from Stata	Ceda	ar H:	i 1 1	Cem	etei	r V		.A.C		
	21. SIGNATURE OF FUNERA		CENSEE	- /				ND ADDRE					
	· / /-	. 1	01 1/1							Bal	to.Mo		
	Nan	il (2.1/0	into									E.Fort Ave
	23. PART i. Enter the d	iseasas, or o	complications the	t caused the d	laath. Do	not anta	r tha me	oda of dy	ing, suc	h aa cardiac Dr re	spiratory a	rrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Fin	nai	Marine September					0					Onset and Death
	diseasa Dr condition	→	Cerret	moveen	ساب	~	Acc	ide	tr				8hrs
1			DUE TO	(OR AS A CONS	EOUENCE C	F):			٠			,	Eurs Disease yes
Z	On any and all a line and all a		o Hypert	enqui	e Att	res	DEX	lee	the	Carolic	Nasa	slur	USEUGH YB
E	Sequentially list condit if any, leading to imme	diata	DUE TO	(OR AS A CONS	EOUENCE C	P):							`
0	causa. Entar UNDERLY CAUSE (Disease or inju		с										
#	that initiated evanta resulting in death) LAS	. 14	DUE TO	(OR AS A CONS	EOUENCE C	OF):							i l
H	Tooling in daring and		d										
MEDICAL CERTIFICATION	PART II. Other significa	nt condition	ns contributing to	death but not	rasulting	in the u	ınderlyir	g cause	given in		AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
<u>8</u>											FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 U YE	3 2 NO		OF DEATH?
													1 TYES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL	T				26 8	LACE OF I	DEATH /C	neck only one)			
PHYSICIAN:	EXAMINER?	0 11121011	HOSPITAL:	T spin a silve	4 🗆 204	OTHE	R:		conn				
4₹	27. MANNER OF DEATH		1 (D/Inpatient 2		26b, TII		-	JURY AT	laeldanca	6 Other (Specify) 26d. OESCRIBE HO	W IN II IBY O	CCUBED	
4		Pending	(Month,			JURY	W	ORK?	□ NO	200. OESCRIBE IN	W INSONT O	CCONED	
ВҰ	2 Accident	Investigation	28a PLACE	OF INJURY — At I	nome form	street to			NO	261. LOCATION (St	not and Musel	ne as Phisai	Doute Number
ED	3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Specify)	ronne, rentri,	attwot, re-	ciory, om	u u		City or Town, S		yer or nuren	nous numos,
ᆸ	One CERTIFIED			:									
₫	one)									e to the cause(a) and			
COMPLETED	2 MED	ICAL EXAMINE	ER: On the basis of	examination and/o	r Investigati	lon, In my	opinion,	death occu	ured at the	time, date and place	, end dua to	the ceuse	(e) end manner ee stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NU		29d. D	ATE SIGNE	D (Month, Day, Year)
<u>B</u>	Roberte . i)	tus	de u	(V)				D	30	1660	•	4/2	2/91
2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Typ	e, Print)					•	1	
	707 8.	Fest	tue.	bostin	wire,	W	C	21	7-30				
	31. DATE FILED (Month, Day,			AR'S SIGNATURE	2073	-							
- 1	APR 2 / 1	1991 .	L. E. Kall	A State of	620								



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The law engineer that the death restliferate he executed within 24 hours
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MANI-
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Online
MALE
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APR 23 1991

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
29 S GREEN STREET, BALT

UNECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIENE	
REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)	1	ERTIFICAT	E OF DEATH	REG. NO.	3. TIME OF DEATH
PHILIPS	HENRY	HENR	YPhillip	4-19-	91 5:17F
237-52-7466	5. SEX 6. AGE (in yrs. 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-04-36	BIRTHPLACE (State or Foreign Country) N . C .
9a. FACILITY NAME (If not institution, give stre UNIVERSITY HOS			TY, TOWN OR LOCATION OF D ALTIMORE, 1		COUNTY OF DEATH
106. STATE 106. COUNTY		BALT	OR LOCATION I MORE, CI	ТҮ	10d. INSIDE CITY LIMITS? X X YES 2 \(\square\) NO
100. STREET AND NUMBER 2328 GARRETT	AVENUE		10f. ZIP CODE 21218		CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. FORCES? 1 YES \$\(\) IF YES, GIVE WAR OR DATES	ARMEO 1	3. WAS DECENDENT OF HISPA If yea, specify Cuben, Mexic 1 YES 2 NO Speci		14. RACE — American Indien, Bleck, White, etc. Specify: BLACK
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 3 r d	completed)	DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	e during most of working	16b. KIND OF BUSINESS	
17. FATHER'S NAME (First, Middle, Lest) WILLIAM M.	PHILLIPS		18. MOTHER'S N ELSII	AME (First, Middle, Maiden Surnan	
19a. INFORMANT'S NAME (Type/Print) NANNIE PHILLI				BALTIMORE,	
20e.,METHOD OF DISPOSITION 1/\[\subseteq \text{Burlet} \ 2 \text{Cremation} \ 3 \text{Remove} \] 4 \text{Donation} \ 5 \text{Other} \((\text{Specify}) \)	val from State 20b. PLA	TIMURE of O	SPOSITION (Name CEMETERY	1	I — City or Town, State I MORE, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	ware			RAL HOME 110	D1 E. NORTH A
23. PART i. Enter the diseases, or co shock, or heart failure. L	omplications that caused the	deeth. Do not enting.	er the mode of dying, eu	ch ee cerdlec or reepiratory	erreet, Approximate interval Batwe
IMMEDIATE CAUSE (Fine)	SEPSI.	S			Onset end Des
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated examples)	DUE TO (OR AS A CONSTITUTE OF AS	SEQUENCE OF):		DGEKINS LENCY SY	
PART ii. Other algnificant conditions	contributing to death but no	ot reaulting in the	undarlying ceuse given i	Part I. 24e. WAS AN AUTOF PERFORMED?	AVAILABLE PRIOR TO
	HOSPITAL:	ОТН		THE IU	
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, t	.1.	281. LOCATION (Street and Null City or Town, State)	mber or Rural Route Number,
29e. CERTIFIER	ser in the control of			Van Beest en Vogen	Maria .
(Check only 1 CERTIFTING PHYSIC	ZAN: To the best of my knowledge, 3: On the basis of examination end				to the couse(e) end menner as stated

HARYLAND

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	3 THF FUNERAL, OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAI		HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Leat)	OLITIII	IOAIL	DEATH	2. DATE OF OEATH		3. TIME OF DEATH
	Mary Frances	Parker			4 1	9 9	
- 3	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)			7. DATE OF BIRTH (Month, Day, Year)	8. 5	BIRTHPLACE (State or Foreign
- 1	1 □ M 2½□ F	88 YRS.	MONTHS DAY	S HOURS MIN.	4 18		nnsvlvania
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY	
OR	629 N. Schroeder Stre	eet	Balt	imore			
띪	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY
I I	M13						LIMITS? 1 Tyes 2 No
=	Maryland 10e. STREET AND NUMBER	IBa	ltimor	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER/	629 N. Schroeder Stre	et		21217		USA	
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. ARMED		DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea		RACE - American Indian, Black, White, atc.
BY F	1 Never Merried 2 Merried FONCES? 1 Wildowed 4 Divorced	WAR OR DATES		specify Cuban, Mexica YES 2 NO Specifi			Specify:
	20	1					Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	life Do NOT	work done during	most of working	16b. KIND OF BUS	INESS/INDUST	RY
2	Elementary/Secondary (0-12) College (1-4 or 5	+)					1
S	17. FATHER'S NAME (First, Middle, Last)	Houser	rife	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	
Ö	Joseph W. Carter			Marv	Croxton	,	
BE (19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Stre		Route Number, City or Town	n, State, Zip Coo	⁽⁰⁾ 21217
2	Joseph R. Parker	629	N. Sc	hroeder	St. Balt:	imore	21217 Md
1	20s. METHOD OF DISPOSITION 1 57 Burlel 2 Cremation 3 Removal from State	20b. PLACE AND DA	TE OF DISPOSIT			CATION — City	
	4 Donation 5 Other (Specify)	of cemetary, cremator		ial Park	4/23/91	Arbui	us Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAM	AND ADDRESS OF FA	CILITY		cCulloh St.
	John Housis		Chat	man Hari			ore, Md 21217
	23. PART I. Enter the diseases, or complications the	at caused tha dasth. Do	not entar tha	moda of dying, suc	ch as cardiac or reapi	ratory arrest	Approximata
	ahock, or heart failure. List only one co				4.0		Interval Batween Onset and Death
	disease or condition resulting in death)	showers	-140	o Non	entia		
	DUE 7	OR AS A CONSEQUENCE	OF):	a cuin	on the contract of		
Z	Sequentially list conditions, 6.						
Ĕ	If any, leading to immediate	O (OR AS A CONSEQUENCE	OF):				
걸	CAUSE (Disease or Injury	O (OR AS A CONSEQUENCE	OE).				
Ē	that initiated events resulting in death) LAST	O (OII AS A GOIIGEGGEIGE	o.,.				i
CERTIFICATION	d						
CAL	PART II. Other algnificant conditions contributing t	o death but not reaulting	In the undari	ying cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Decubelus alce	6			1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH?
ME	- Churary tract	Muchox	0				1 TYES 2 1 NO.
ä							
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	S. PLACE OF DEATH (CH	heck only one)		
YSI	1 PES 2 NO 1 Inpatient 2	☐ ER/Outpetlent 3 ☐ DOA	4 🗆 Nursing i	Home 5 Hasidence	6 Other (Specify)		
	27. MANNER OF DEATH 26e. DATE (Month, 1 Matural 5 Pending	Day, Year) 286. Ti	NJURY	WORK?	26d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУ	2 Accident Investigation	OF MULICIAN AND AND AND AND AND AND AND AND AND A		YES 2 NO			
유	3 Suicide 6 Could not be building	OF INJURY At home, farm g, etc. (Specify)	, street, factory, c	office	28f. LOCATION (Street and City or Town, State)	and Number or I	lural Houte Number,
ш	29a. CERTIFIER			10-10-10-10-10-10-10-10-10-10-10-10-10-1			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best						
8	1 1 /	any investiga	Hon, in my opinio	_			
BE	29h. SIGNATURE AND TITUE OF CERTIFIER	Windle	1111.	29s. LICENSE NU	MINER . T	29d. DATE S	GNED (Mgeth, Dey, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	1000	yin	1)30	0111	7/1	7/9/
	A PERSON WING COMPLETED CA	UBE OF DEATH (ITEM 20) (1)	- Print				1
	31. DATE FILED (Month, Day, Year) 32. REGISTI	RAR'S SIGNATURE					
	APR 24 1991 Julia To	ichan Banda 12.					
		1-10-1					





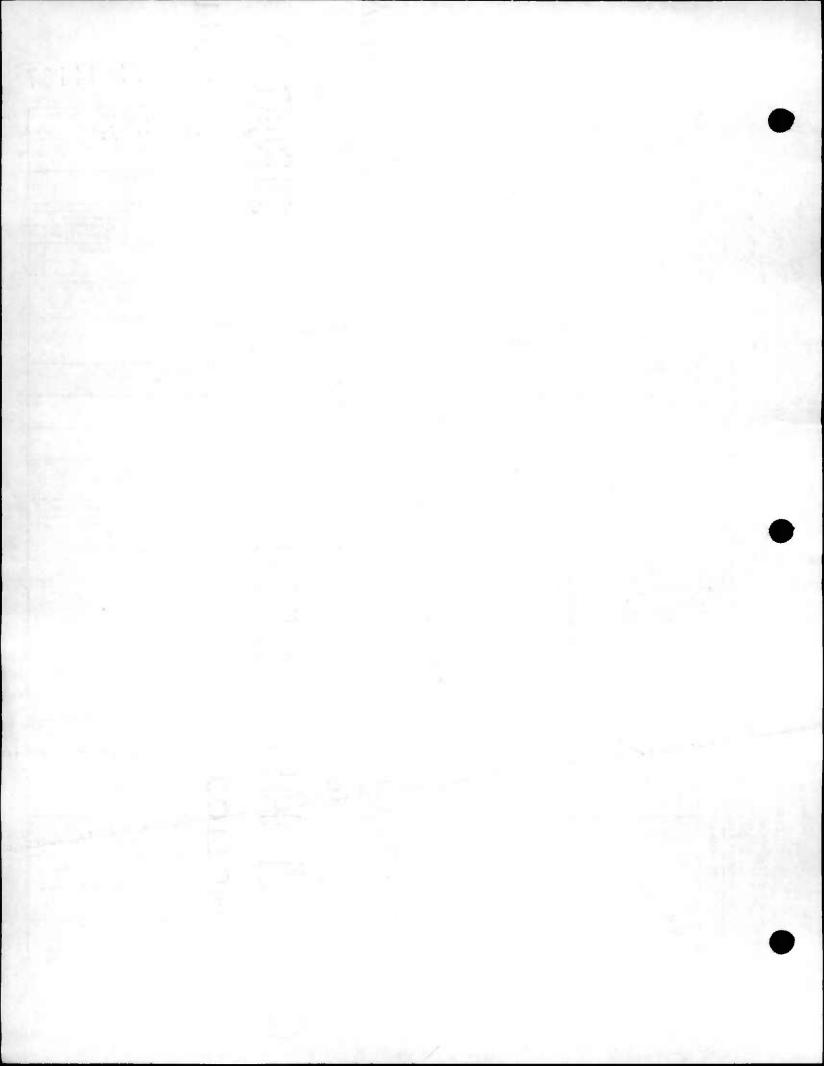
30. NAME AND ADD

31. DATE FILED (Month, Day, Year)

32. HEGISTRAR'S SIGNATURE
APR 2 4 1991 Julie

FOR STATE OF MAI		MENT OF HEALTH AND		91 11137
1. DECEDENT'S NAME (First, Middle, Last) Botty Jean	Palx	LE C	REG. NO. 2. DATE OF DEATH MONTH DAY 2.2	YEAR 3. TIME OF DEATH
218-26-3771 1□ M 2 🗗	5 9 YRS.	IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year) 10-06-193	8. BIRTHPLACE (State or Foreign Country) I Maryland
9a. FACILITY NAME (If not institution, give street and number) University Of Maryland RESIDENCE OF DECEDENT		Baltimore	EATH 9c. C	COUNTY OF DEATH
10s. STATE 10b. COUNTY Md		town on Location altimore		10d, INSIDE CITY LIMITS? 1 X YES 2 NO
239 N. Fulton Avenue		101. ZIP CODE 21223	10g.	CITIZEN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify		- 14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		ISUAL OCCUPATION ork done during most of working retired.) Worker	18b. KIND OF BUSINESS Clerica	
17. FATHER'S NAME (First, Middle, Lest) Woodrow Murel		18. MOTHER'S N. Paul	AME (First, Middle, Meiden Surnan ine Hicks	ne)
19a. INFORMANT'S NAME (Type/Print) RObin Lipscomb	1	ADDRESS (Street and Number or Rural W. Lexington		
20s. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Burlel 2 \(\tilde{\Delta} \) Cremation 3 \(\tilde{\Delta} \) Benoval from State 4 \(\tilde{\Delta} \) Donation 5 \(\tilde{\Delta} \) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE of cemetary, crematory of Western	22. NAME AND ADDRESS OF F	Derrick (N-city or Town, State nsville Marylar C. Jones F.H. nue Balto., Md
23. PART 1. Enter the diseases, or complications that conshock, or heart fellure. List only one cause	rused the deeth. Do no			
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	AS A CONSEQUENCE OF	Juest	170	Onset and Death
If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF		41)	\$
PART II. Other algnificant conditions contributing to de	ath but not resulting in	the underlying cause given in	1 Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2. PN	AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	VOutpetlent 3 DOA	26. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence OF 28c. INJURY AT		4000000
1. Natural 5 Pending (Month, Day, 2 Accident Investigation	(5ar) INJU	M 1 YES 2 NO	281. LOCATION (Street and Nu City or Town, State)	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exert 29b. SIGNATURE AND TITLE OF CERTIFIER			e time, data and place, and dua	
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	MAC	804	0156	4/22/9/

DHMH-16 Rev 1/89



APR24

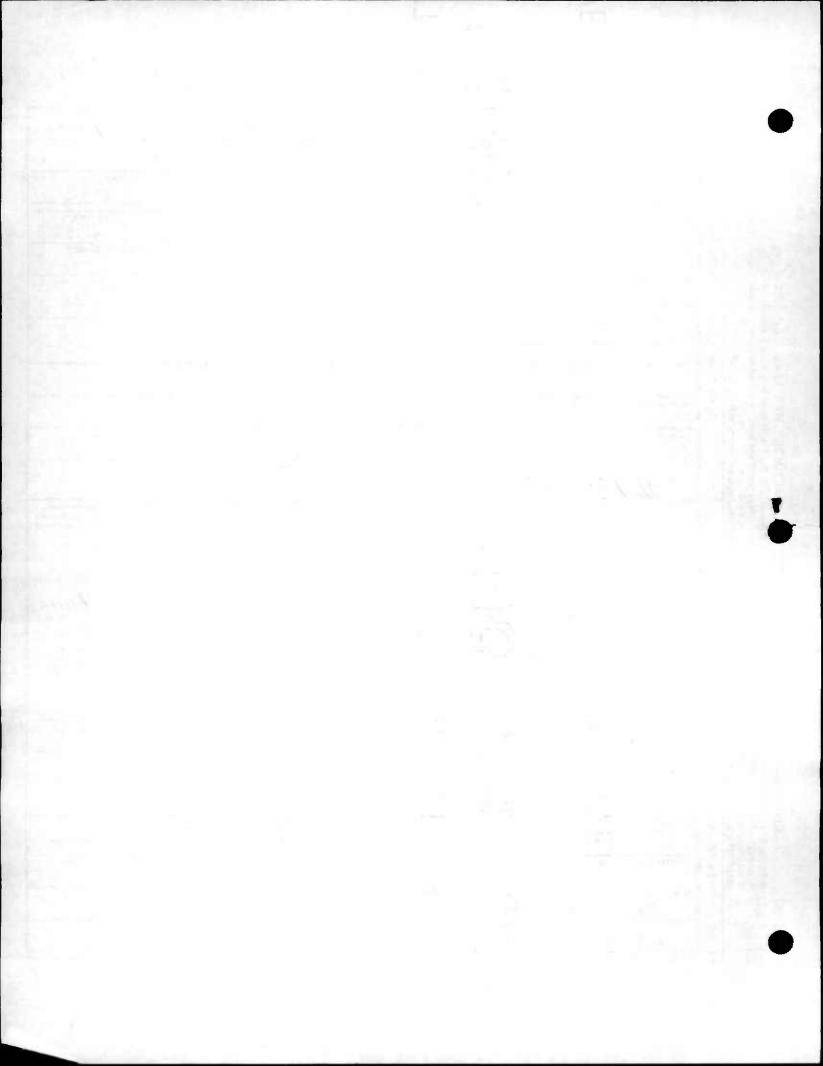
MARY COLBAN M. Do.
31. DATE FILED (Month, Day, Year) 32. REC

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Mandall.

	FOR 1 - STATE	STATE OF F	MARYLAND /						MENTA		NE .		11138
2000000	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) RECHART) lee l	Pearce	ERTIF	ICAT	E OF	DEA	ТН	2. DATE MONT	OF OEATH	DAY	YEAR 9	3. TIME OF DEATH
18	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ins	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH			HPLACE (State or Foreign
- 8	213-50-7330	1 M 2 D F	40	YRS.	MONTHS	DAYS	HOURA	MIN.	100	h, Day, Year)	151	Max	
	9a. FACILITY NAME (If not institution, give s	treet and number)	40		9b. CIT	Y, TOWN O	R LOCATI	ON OF D		11.0,15	7	NTY OF D	Vland DEATH
æ	Francis Coatt Vo.	Madianl	Canhain		Da I								
8	Francis Scott Key	Medical	Lenter		IBal	timo	re.L	1 Ly					
E E	10s. STATE 10s. COUNTY	r		10c. Cl	ry, town	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
□	Maryland Calve	rt		Sun	derl	and							1 TYES 2Y NO
AL	10e. STREET AND NUMBER						, ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?
E	Post Office Box #	8					2	0689			Unite	2 he	tates
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AF		100	WAS DEC If yes, spe 1 TES	ENDENT (OF HISPAI on, Mexica	NIC ORIGII In, Puerto	i? (Specify Ye Rican, etc.)	na or No	14. RACI Blac	E — American Indian, sk, White, etc. c//y: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT	USUAL C	CCUPATIO	ON		166	KIND OF BU	ISINESS/INC	USTRY	
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT	work done ise retired.)	during mo	St of Work	ng					
릴	GED		Ind	lenen	dant	Con	trac	tor	l _R	rick_I	aver		
ō	17. FATHER'S NAME (First, Middle, Last)	_					Y			Middle, Maide	V		
BEC	Russell Harrison	Pearce					Mi 1	drad	(Ro	wen) (IRnic	an.	
	194. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street a	nd Numbe	r or Rural	Route Num	ber, City or To	wn, State, Zip	Code)	
٩	Mildred O'Rrien			PΛ	ROY	#8 S	unda	rlan	d Ma	ryland	1 2068	20	
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DAT	E OF DIS	POSITION			DAT		OCATION -		own, State
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	of cemetary						7/0	2/11) - 1 + i r	2000	City MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Green	HIOUH	22	NAME A	ND ADDRE	SS OF FA	VCILITY O/	5305 Ha	sarrii	4 De	,CILY MU.
	191 199	11							10	2300 H	arrord	J KO	du
	Heal) yre	rel Hai	<u>nk I. 7i</u>	rcke		eona	rd J	. Ru	ck E	.H. Ind	Ba	<u>ltim</u>	ore MD 2121
	23. PART I. Enter the diseases, or ahock, or heart fallure.	Complications the	at caused the de use on each line	eath. Do a.	not ante	r the mo	de of dy	ring, suc	ch as can	diac Dr rea	piratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	.10	- /1		/								Onset and Death
	disease or condition reaulting in death)	· 16	+ 01	eeu	(2 days
		DUE TO	(OR AS A CONSE	OUENCE	OF):								
Z	Sequentially list conditions,	b. >C	0515										
E	If any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE	-		•						10
2	CAUSE (Disease or Injury	a Alc	onoke 1	LIVE	1	Isa	15e						POYIS
RTIFICATION	that initiated events resulting in deeth) LAST	OUE TO	OR AS A CONSE	OUENCE	OF):								1 - /
W	Toachtung in death) CAST	d	ENAL 1	AIL	URE								12 hrs
C	PART II. Other algnificant condition	na contributing to	death but npt	resulting	In the u	inderlyln	g cause	given In	Part I.	24s. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Cocastaradhy									PERF	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Confort with								_	1 🗌 YES	2700		OF DEATH?
Σ				_									1 YES 2 NO
A N	- NA 0101					-				DF II			
$\overline{0}$	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3.00		OTHE	_	LACE OF	DEATH (C	heck only o	ne)			
ΥS	1 TYES 2 NO		☐ ER/Outpetlant		-	_		ealdence	8 🗆 Oth				
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month,	F INJURY Day, Year)	28b, TI	ME OF		JURY AT ORK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
B	2 Accident Investigation				М		YES 2	_ NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE 6 building	OF INJURY — At h , etc. (Specify)	oma, farm	, street, fa	ctory, offic	a			Or Town, Stat		r or Rural	Route Number,
ETE													
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	if my knowledge, d	leath occu	rred at the	time, date	and plac	a, and du	a to the ca	use(a) and m	enner se sta	ted.	
OM	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination and/or	Investigat	ion, in my	opinion, d	death occi	ered at the	s time, det	and place,	end due to t	he cause	(a) and menner as stated.
Ü U	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .		-		_	29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
m											•		
2	20 NAME AND ADDRESS OF BERSON WI	10 001101 5750 011					l				1		



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BA	after
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00	within
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.O. BC	certificate
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Ö	the
OR	that
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Y	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after de
VISION	ATTENDING
5	OR O
	SPITAL

31. DATE FILED (Month, Day, Year)
APR 2 4 1991

-	Q.	٤.	
	Pages	1	1
TO THE HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 frouts after death. Fage b may be retained by the riospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit memm. Prove 1/2.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH APRIL Romanic 1991 JEAG (ARIS 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. PSOUNTRY) 93 14 4176 1 M 2 KF JAN.27 1923 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANKLIN ST HOSPITAL ROSEDAL DIRECTOR BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? BALTIMORS MARYLAND ARKVILLS 1 YES 2 1 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21234 3402 UPTOC 00R 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Ricen, etc.)
 U YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried Specify BY 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp most of working Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Graces Unis PARGUERITE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu or Rural Route Number, City or Town, State, Zip Code) 2 FAMILY AS ABOVE 20a. METHOD OF DISPOSITION

1 KBurlel 2 Cremation 3 Rec H- AL 20b. PLACE AND DATE OF DISPOSITION (Name 28c. LOCATION - City or Town, State PARKWOOD LINETERY 4 ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
EVANS CHAPLOF ME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE -PARKVIUS 8800 HARFORD None 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Betwe Onset and Death disease or condition resulting in death) ALZHOMER'S DISENSE DUE TO (OR AS A CONSEQUENCE OF): 10 YEARS UPPER AIRWAY CONSESTION MUD 3 MONTHS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata CUROWIC RECURLENT URINARY MATET cause. Enter UNDERLYING YEAR CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events BRADYCARDIA reaulting in desth) LAST DAT PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 爲 ER/Outpatient 3 ☐ DOA 4 - Nurs a
Other (Specify) 28e. DATE OF INJURY 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO В 2 Accident 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide a Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 💹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the ba estigation, in my opinion, death occured at the time, date end piace, end due to the ceuse(e) end manner ee stated. 294. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

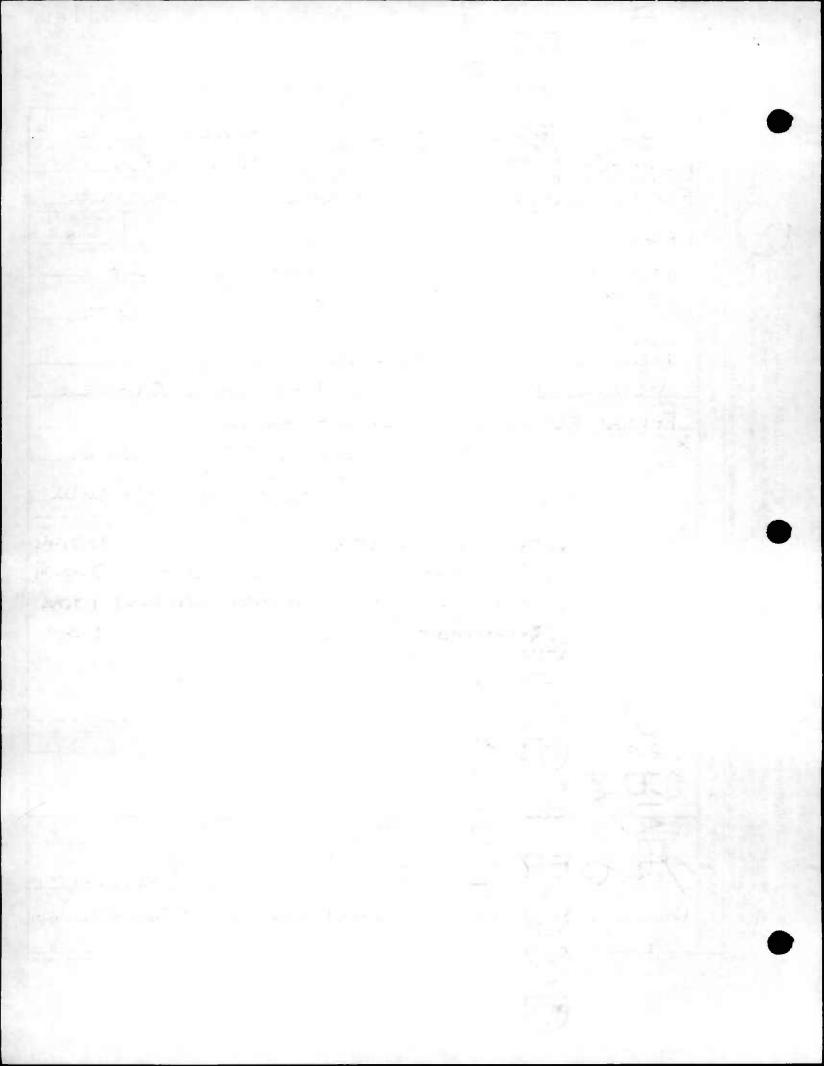
SAMOPIPER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

8114

DHMH-16 Rev 1/89

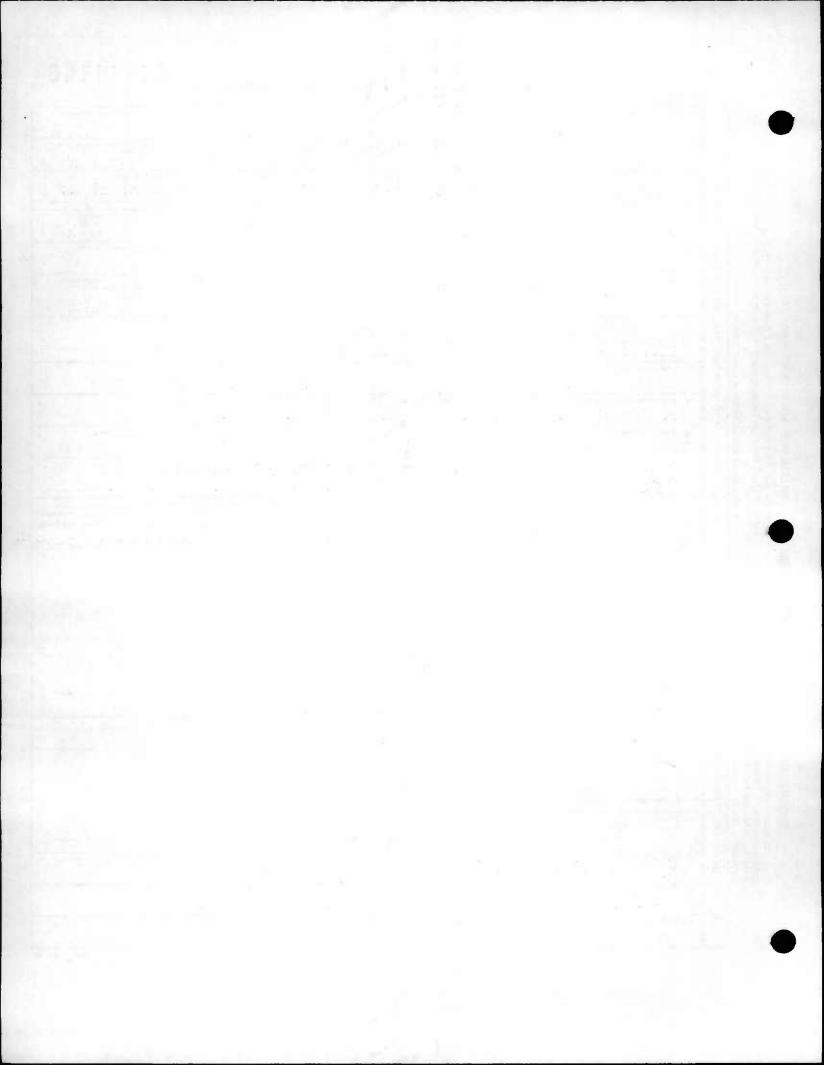


DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- rious after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after clearly with the State Dear of Health and Memial Horiene prior to burial, cremation or removal.
IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

APR 2.4 1991

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO		11140
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	GLORIA D.	RUPPEL				4/20/199		3:10 A M
			In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	214-18-5/3/		9 YRS.			2/13/19	22	Maryland
e	9a. FACILITY NAME (If not institution, give etres North Arundel Co		Conton		or location of de Burnie	ATH	9c. COUNTY	Arundel Co.
유	RESIDENCE OF DECEDENT	nivarescent	Celicei	u i e ii i	out title		Aille F	arunaer co.
DIRECTOR	10a. STATE 10b. COUNTY		1.150	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		Arundel Co.	Ва	ltimore		oklyn Par		1 TYES 2 X NO
RA	100. STREET AND NUMBER	A		101	f, ZIP CODE			OF WHAT COUNTRY?
FUNERAL	123 East Audrey	AVENUE 12. WAS DECEDENT EVER IN	Y U.S. ARMED	13. WAS DEC	21225	IC ORIGIN? (Specify Ye	US Or No. 14	RACE — American Indian,
	1 Never Married 2 X Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Mexican 2 X NO Specify:	, Puerto Rican, etc.)		Black, White, atc. Specify:
) BY	3 Widowed 4 Divorced				- 4			White
E	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted)		VOIAL OCCUPATION OF THE PROPERTY OF THE PROPER		16b. KIND OF BU	SINESS/INDUST	TRY
12	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		usewife		Home	maker	- 9
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			-	18. MOTHER'S NAM	ME (First, Middle, Meider	Sumeme)	
BE	Melvin D.	Johnson		_	Mayme	A. Ko	hel Jo	ohnson
2	19e. INFORMANT'S NAME (Type/Print)	D 1 C				loute Number, City or Tov		
-	Mr. Frederick G.					Balto., M		
	1X Buriet 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	al from State	edar Hil	1 Cemeta	metery, crematory or ⊃ Y^\/		1 timore	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN		. Ecker			al Home o		
	F 5 5/1	Kevili	. LCKEI			co Ave.,		
	23. PART I. Emer the diseases, or co	mplicatione that caused	d the death. Do r					
	ahock, or heert fellure. Lis	st only one cause on a	ach ilna.					
	IMMEDIATE CAUSE (Fine)				*			Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine) disease or condition reculting in death)	Metas	tutis	00	arion	$\sim C$	anci	Onset and Death
		DUE TO (OR AS A	CONSEQUENCE O		arion	n C	arci	Onset and Death
NO	disease or condition resulting in death) Sequentially list conditions,			F):	arion	n C	arci	Onset and Death
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE O	F):	arion	n C	arci	Onset and Death
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A		P): P):	arion	n C	anci	Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE O	P): P):	arion	n C	arci	Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE O	F): F):		Part I. 24a. WAS AF	ł AUTOPSY	Onset and Death Onset and Death Onset and Death
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A	A CONSEQUENCE O	F): F):		Pert I. 24e. WAS AF	I AUTOPSY RMED?	Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A	A CONSEQUENCE O	F): F):	g cause given in l	Part I. 24a. WAS AF	I AUTOPSY RMED?	Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to deeth b	A CONSEQUENCE O	F): F): In the underlyin	g cause given in l	Part I. 24a. WAS AT PERFO	I AUTOPSY RMED?	Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (NO)	DUE TO (OR AS A CONTRIBUTING TO GORD AS A CONTRIBUTING TO GORD AS A CONTRIBUTION TO GORD AS A CO	A CONSEQUENCE O	F): In the underlyin 26. P OTHER: 4 Briursing Hon	g cause given in i	Part I. 24a. WAS AF PERFO 1 TYES 1 Sock only one) 6 Other (Specify)	NAUTOPSY NMED? 2 2 NO	Onset and Desth Onset and Desth 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 4M9
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO 27. MANNER OF DEATH 1 Netural 6 Pending	DUE TO (OR AS A contributing to deeth b	A CONSEQUENCE O	F): F): In the underlyin 26. P OTHER: 4 Briursing Hone EOF 28c. IN. WWY	g cause given in i	Pert I. 24a. WAS AF PERFO	NAUTOPSY NMED? 2 2 NO	Onset and Desth Onset and Desth 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 4M9
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A DUE TO (OR AS A contributing to deeth b HOSPITAL: Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE O	26. POTHER: 4 Briursing Hone URY M 1	g cause given in I	Part I. 24a. WAS AF PERFO 1 YES: 1 YES: 1 YES: 26 Other (Specify) 28d. DESCRIBE HOW	NAUTOPSY RMED? 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 (PNO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS A contributing to deeth b HOSPITAL: Injurited 2 = ER/Outp 2ee. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE O	26. POTHER: 4 Briursing Hone URY M 1	g cause given in I	Part I. 24a. WAS AF PERFO 1 TYES:	NAUTOPSY RMED? 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (PNO 27. MANNER OF DEATH 1 Neturn 6 Pending Investigation 3 Suicide 6 Could not be determined 28. CERTIFIER CERTIFYING PHYSICI.	DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth b HOSPITAL:	A CONSEQUENCE O	F): In the underlyin 26. P OTHER: 4 Devices Hoursing Hon IE OF Street, factory, office ed at the time, date	LAGE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS AT PERFO 1 YES: 1 YES: 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and ma	INJURY OCCURI	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JANO Rural Route Number,
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (PNO 27. MANNER OF DEATH 1 Neturn 6 Pending Investigation 3 Suicide 6 Could not be determined 28. CERTIFIER CERTIFYING PHYSICI.	DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth b HOSPITAL:	A CONSEQUENCE O	F): In the underlyin 26. P OTHER: 4 Devices Hoursing Hon IE OF Street, factory, office ed at the time, date	LAGE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS AT PERFO 1 YES: 1 YES: 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and ma	INJURY OCCURI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (PNO 27. MANNER OF DEATH 1 Neturn 6 Pending Investigation 3 Suicide 6 Could not be determined 28. CERTIFIER CERTIFYING PHYSICI.	DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth b HOSPITAL:	A CONSEQUENCE O	F): In the underlyin 26. P OTHER: 4 Devices Hoursing Hon IE OF Street, factory, office ed at the time, date	LAGE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS AF PERFO 1 YES: A Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and mattime, date and place, a	AUTOPSY RMED? 2 NO INJURY OCCUR! and Number or F	Onset and Desth Onset and Desth 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO Flural Route Number, BUSSE(e) end manner as stated. IGNED (Month, Day, Year)
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 28. CERTIFIER Chack on the DEATH PRINCIPLE CAUSE OF THE PRINCIPLE COURSE OF THE PRINCIPLE COU	DUE TO (OR AS A DUE TO (OR AS A Contributing to deeth b HOSPITAL: 3 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	F): in the underlyin f () 26. P OTHER: 4 (27 flursing Hon 1 E OF URY M 1 street, factory, office ed at the time, date on, in my opinion, of	g cause given in i	Part I. 24a. WAS AF PERFO 1 YES: A Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and mattime, date and place, a	AUTOPSY RMED? 2 NO INJURY OCCUR! and Number or F	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (P) NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER CREEK ORDER 29. CERTIFIER CREEK ORDER 20. MEDICAL EXAMINER:	DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth b HOSPITAL: 5 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	A CONSEQUENCE O	F): In the underlyin 26. P OTHER: 4 Briting Hon 1 Cofficient (1) street, factory, office and at the time, date on, in my opinion, to	g cause given in in the first control of the first	Part I. 24a. WAS AF PERFO 1 YES: A Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) end mattime, date and place, a IBER	INJURY OCCURI	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND Rural Route Number, seuse(e) and manner as stated. IGNED (Month, Day, Year) 4/22/1991



insit permit. Pages 1, 2, 3 should

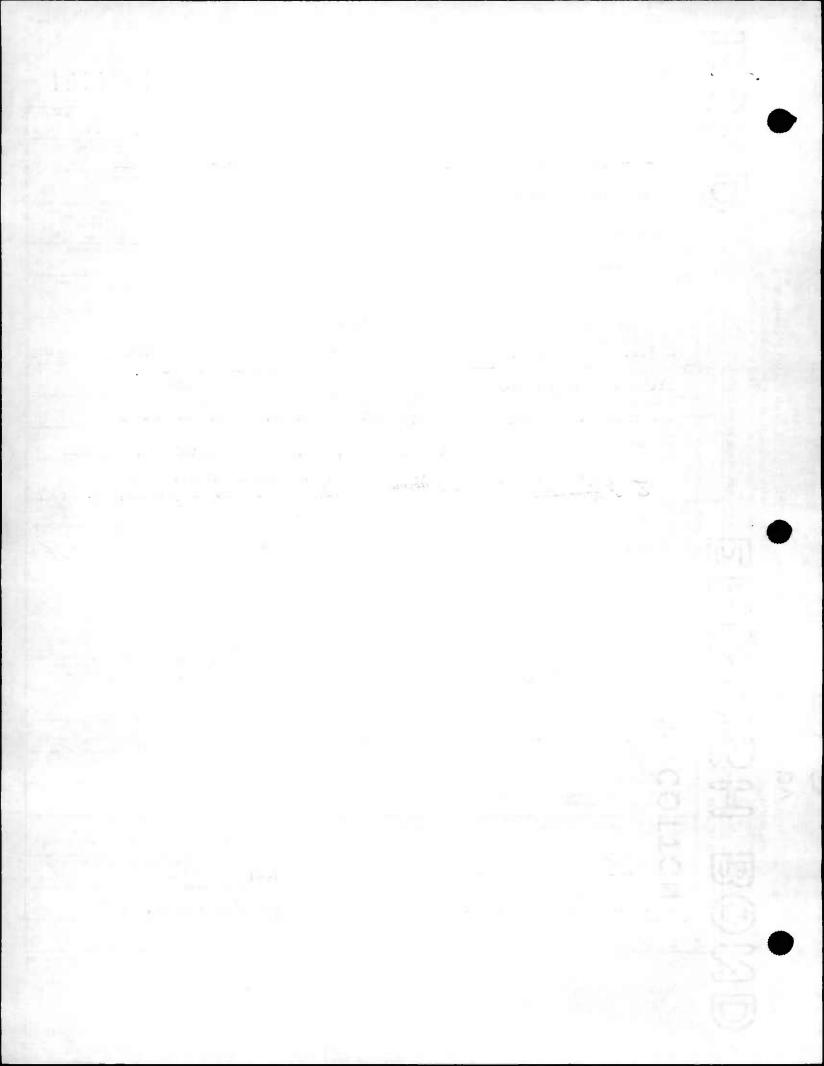
TO BE COMPLETED BY FUNERAL DIRECTOR

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VISION OF VITAL RECORDS, P.O. BOX 68760,	Ì
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF M		DEPART						HYGIENE REG. NO.	91	1	1141
1. DECEDENT'S NAME (FIRST									2. DATE OF MONTH		91	AR	TIME OF DEATH 5:38 P M
4. SOCIAL SECURITY NUM	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG				GE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					BIRTH	8.1	BIRTHPLA	CE (State or Foreign
288-38-769	96	1√2 M 2 □ F	47	YRS.	AONTHS	DAY\$	HOURS	MIN. (Month, Day, Year) Count 4-6-44 Ohi			hio		
9a. FACILITY NAME (# not # Fallston Ge	neral				9b. CITY,	TOWN C	OR LOCAT	ON OF D	EATH		9c. COUNTY	OF DEATI	1
RESIDENCE OF DE	10b. COU	NTY		10c CITY	TOWN O	D LOCAT	ION					100	I. INSIDE CITY
Maryland												LIMITS?	
						. ZIP COC			T	10g. CITIZEN			
255 Foste:	r Kno	ll Drive					210	85			US.		
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		1	If yes, sp		en, Maxic	NIC ORIGIN? (an, Puarto Rici fy:			RACE Black, Wi Specify:	American Indien, hite, atc.
15. DEC (Specify on	CEDENT'S E	DUCATION ade completed)	16a. D	ECEDENT'S U	SUAL OC	CCUPATIO	ON est of work	ing	16b, K	ND OF BUSI	NESS/INDUST	RY	
Elementary/Secondary (0-12) VIS. College (1-4 or 5+) 4 yrs.				Sive kind of we a. Do NOT use PSONNE	_				Nat	ional	Insti	Ltute	e of Aging
17. FATHER'S NAME (First, A William Jo		Van Rooy							AME (First, Mid es Ann				
Mrs. Linda	,, ,	Jan Rooy	16						Route Number, Jopp			·	
20a. METHOD OF DISPOSIT 1 Burlal 3 Cremati 4 Donatton 5 Othe	on 3 🗆 R	amoval from State	of cemetar	e and date of disposition (Name y, crematory or other place) Co Crematory, Inc.				DATE 20c. LOCATION - City or Town, State Baltimore, Maryland					
	Lase	who The	wal.	Home	22.	NAME AI	ND ADDRI F. 1750	Las Bel	sahn F air Rd	unera . Kin	l Home	e le, j	Md. 21087
23. PART I. Enter the candidate shock, or I immediate CAUSE (Fi disease or condition resulting in death)	neert fallu	a	caused the dise on each iin	e.					ch es cerdie	c or reapin	atory erreat	,	Approximate interval Between Onset and Death
Sequentielly list condi- if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in death) LAS	riNG ury	G	(OR AS A CONSE										
PART II. Other signific	ant condition	000	deeth but not	resulting le	1 the ur					4a. WAS AN A PERFORM	AED?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	TO MEDICAI	HOSPITAL:	ER/Outpatient		OTHER	R:			8 Other (Specify)			
26.57	Pending Investigation	28a. DATE OF (Month, Da	INJURY By, Year)	28b. TIME INJU	OF	28c. IN.	JURY AT ORK? YES 2				JURY OCCUR	EO	
2 Accident 3 Suicide 8	Could not	28e. PLACE O building,	F INJURY — At h	nome, farm, at	treet, fact	tory, offic	ce			ION (Street ar Town, State)	nd Number or i	Rural Rout	e Number,

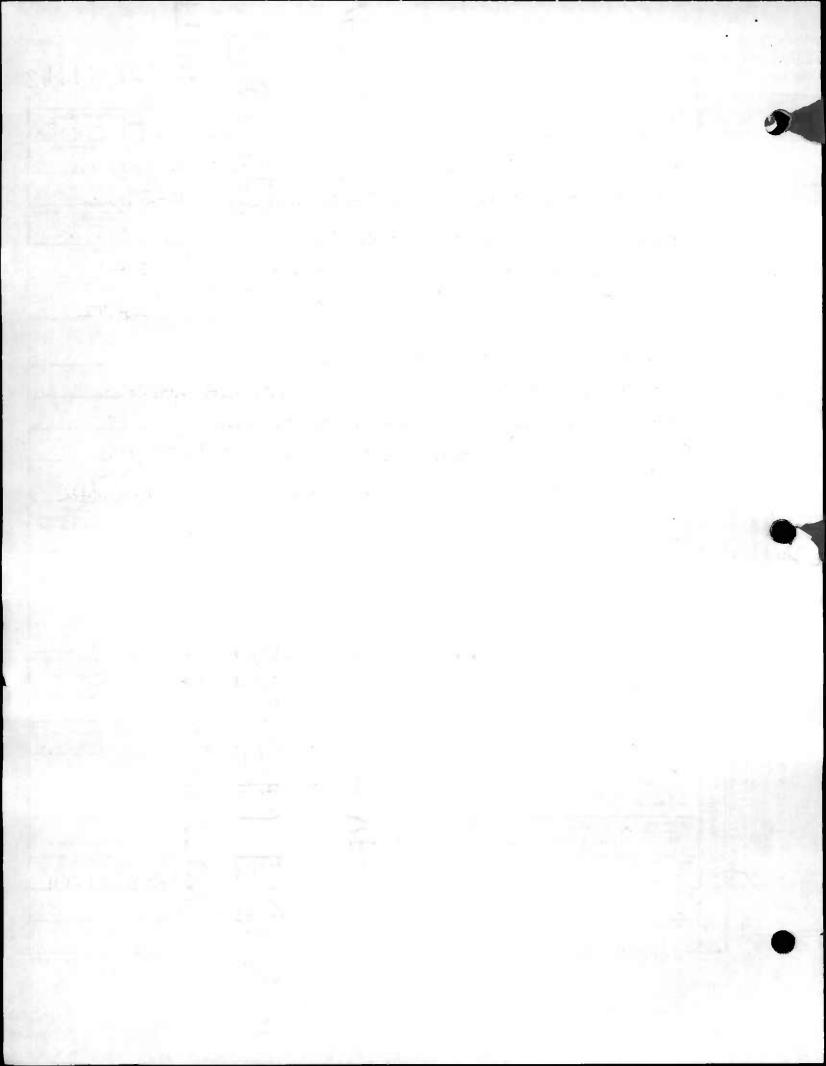
29c. LICENSE NUMBER
D 07427 29d. DATE SIGNEO (Month, Day, Year) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Clayton Moravec Franklin Square Hospital 9000 Franklin Square Dr. 21237 32. REGISTRAR'S SIGNATURE



	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AN OF DEATH	D MENTA	L HYGIENI REG. NO.		91 11142
	1. DECEDENT'S NAME (First, Middle, Last)	0				2. DATE	OF DEATH	v v	3. TIME OF DEATH
	HELEN	E KACH	LUBA			AF	RIL 18	5:50 4	
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1	YEAR IF UNDER 24 HE DAYS HOURS MIR	(8.4	OF BIRTH		BIRTHPLACE (State or Foreign Country)
	918979188	1 🗆 M 2 🅦 F	S YRS.	acatina .	DATE HOOKS WIT	T/A	Y5 17	a7 1	PARYLAGO
-	9a. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, 1	OWN OR LOCATION O	F DEATH	,	9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT	O KOAO		12	arkvills			12 AL	Mors
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
	MARYLAND BALT	more	1	ARK,	341.				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
l iii	1731 HILYARG) KOAD			2123	4		0.5	5. A.
12	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I		13. W	AS OECENDENT OF HIS	SPANIC ORIGI	N? (Specify Yea Rican, etc.)	or No- 14.	. RACE — American Indian, Black, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES			pecify:			Specify:
0	15. OECEDENT'S EDUC	ATION	18e. OECEDENT'S	USUAL OCC	CUPATION	161	b. KIND OF BUS	INESS/INDUS	TRY
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done du se retired.)	ring most of working				
실	12 YRS.		RT	- Ho	ME				
COMPL	17. FATHER'S NAME (First, Middle, Lest)	1			18. MOTHER'S	NAME (First,	Middle, Maiden	Surname)	
BE (ROTON	LANG			VS	200	A.Z.	LAN	G
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street and Number or R	ural Route Nun	nber, City or Town	n, State, Zip Co	ide)
	LAWITA KEE	oros	S	AM	AS A	Bor	5		
	20s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo		cemelary, cremator	or other pla		OAT	20c. LO	CATION — City	or Town, Stata
5	4 Donation 5 Other (Specify) 21. SIGNATURE OP-FUNERAL SERVICE LICE	ENSEE \	ONERO		AME AND ADDRESS O	E EACH ITY	17 17	1110.	1 10.
	1600 12	sono.h		83	vans cu 300 Hal	4APE 2FOR	OROF	10 - E	ARKVILL
dir, ule mone	23. PART I. Enter the disease, or conshock, or heart failure. Limmediate CAUSE (Final disease or condition recuiting in deeth)	list only one cause on	d the deeth. Do each line.	C	he mode of dying,	auch as car	diec or reapi	ratory arrest	t, Approximate interval Between Onset and Deeth
				. ,.					
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
8 8	cause. Enter UNDERLYING CAUSE (Disease or injury	•							
TIF	that initieted events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
	Touching in deathly End.					-			
3	PART ii. Other algnificent conditions	contributing to deeth	but not resulting	in the und	erlying cause give	n in Part i.	24s. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICAL	HIN.						PERFOR	inter a	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
	MJD.								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF OEATH	(Check only o	nne)		
Sign	1 TES 2 TNO	1 Inpatient 2 ER/Out	petient 3 DOA	OTHER:	: ng Home 8 ∭ Raside	nca 8 🗆 Oth	ar (Specify)		
PH.	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF S	Rec. INJURY AT WORK?	200	SCRIBE HOW I	NJURY OCCUP	RED
8	1 Natural 5 Pending 2 Accident Investigation			м	1 YES 2 NO	_			
E G	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Sp.	Y — At home, farm, ecify)	street, facto	ry, offica	2af. LO	CATION (Street a or Town, State)	and Number or	Rural Route Number,
COMPLETE	20a CENTIFIED		OF BUILDING STORE						· · · · · · · · · · · · · · · · · · ·
MP	(Check only	CIAN: To the best of my kno							
8	(<u> </u>		on and/or investigati	он, ин ту ор			a and place, an		cause(a) and menner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	Kam	01.		29c. LICENSE	NUMBER	2	29d. DATE S	HIGNED (Month, Day, Year)
₽ 2	30, NAME AND ADDRESS OF PERSON WHO	[-U1]/	1	- Outual)	1001	1000	2	1-11	166171

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



DIVIDION OF VITAL RECORDS, P.O. BO.) THE HOSPITAL OF ATTRICAGE PHYSICIAN: The law requires that the death certificate I	Arm has certificate has been signed by the	The state Dept. of Health and Mer
MINIO	THE HOSPITAL OF ATTEND	THE FUNERAL DISENTE	filed within 72 hour affect

1 - STATE REGISTRAR	SIAIE UF			ICATE (MENTAL HYGIEN REG. NO.	4	91	1114
1. DECEDENT'S NAME (First, Middle,) REBA STANI	1						2. DATE OF DEATH	NY.	91 3.1	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	oirthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	4 16			CE (State or Foreign
214-56-3592	1 □ M 2 🂢 F	91	YRS.	MONTHS DA		MIN.	(Month, Day, Year) 9/18/9	9	Country)	1D
Se. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TO	VN OR LOCAT	ION OF OR			TY OF DEATH	1
916 W. FRAN RESIDENCE OF DECEDEN 10a. STATE 10b. CC		EET		BAL'	CIMOR	E				
RESIDENCE OF DECEDEN 10a. STATE 10b. CC			10c. CIT	Y, TOWN OR L	CATION				100	I. INSIDE CITY
			BA	ALTIMO	DRE				1 2	LIMITS? YES 2 NO
100. STREET AND NUMBER					10f. ZIP COD	_		10g. CITI	ZEN OF WHAT	
100. STREET AND NUMBER 916 W. FRAN 11. MARITAL STATUS 1. Never Merried 1. Never Merried	KLIN STR	EET nt ever in u.s. arme	CD.	Les une	212		VIC ORIGIN? (Specify Yes		U.S.	
3 Widowed 4 Divorced	FORCES?			If yo	specify Cubi	an, Mexica	n, Puerto Rican, etc.)	or No-	Black, WI	American Indian, hite, etc. NEGRO
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Las	grade completed)	(Give	kind of v	USUAL OCCU work done during ne retired.)	ATION most of work	Ing	16b. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)								
							ME (First, Middle, Meiden	Surname)		
ROBERT OPHE	K	105	MAII IN	ADDRESS (O			WEBB Route Number, City or Tow	. 0 7	0-1-1	
	GRAHAM	91						ALTC		21223
20a. METHOD OF DISPOSITION 1 Number 2 Cremetion 3		20b. PLACE OF other place	F OISPOS	SITION (Name	f cemetery, cre	matory or	20c. LO	CATION -	City or Town,	
4 Donation 5 Other (Specify)		- Other place	" CF	HURCH	CEME'	IEKY	DOI	RCHE	STER	CO. MD
21. SIGNATURE OF FUNERAL SERVICE	. 1	a l		JO:	EPH	SS OF FA	USS FUNE	RAL	HOME	
yoseph	L. Kus	ر الراجي					TH AVE.			21216
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSEQUENT	JENCE OF	PI:	WA	ak W	orlus)	l.d-		
PART II. Other significant cond	you Co	o death but not res	euiting			/	PERFOR	RMED?	CO OF	RE AUTOPSY FINDIN MLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF					
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	DAY DATE O	FINJURY	28b. TIM	E OF 28	Horfe 5 R	esidence	6 Other (Specify) 28d, OEŞCRIBE HOW I	NJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investiga	- 4/	Day, Year	10.2	JURY	WORK?] NO				
	28e. PLACE	OF INJURY At home i, etc. (Specify)	e, farm,	street, factory,	office		281. LOCATION (Street of City or Town, State)	and Number	or Rural Route	Number,
	PHYSICIAN: To the best of									d manner as stated
296. SIGNATURE AND TITLE OF CER		rour	M	6	_	ENSE NUI			E SIGNED (MO	
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETIED CA	USE OF DEATH (ITEM	27) (Type	, Print)	744	on	Cpr. S	1.	2/2/	7
31. DATE FILED (Month, Day, Year) APR 23 1991	V 0.	ANON-Randa	82							

CALL NO CALL

(3)

100 100 297

3. TIME OF DEATH

8, BIRTHPLACE (State or Foreign

5:35 P

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

JUNIUS

E.

SMITH

9	ţ,	
PAY OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	the	Oval.
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	219-07-76		1√XM 2 □ F	69 YF	IS. MONTHS DAY	HOURS MIN.	01 - 04 -	22	Country) M D		
ОВ	THE JOHN:			'AL		N OR LOCATION OF DI IMORE CI			NTY OF DEATH LTIMORE CITY		
DIRECTOR	10a. STATE	10b. COUNTY	Y		BALTIMO			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
- 15	10a. STREET AND NUMBER		F STDEET			101. ZIP CODE 21213			IZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 7 3 Widowed 4 Div	Married	12. WAS DECEDENT EVI FORCES? 1 \(\) IF YES, GIVE WAR O	YES 2 NO	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify ton, Puerto Rican, etc.)				
OMPLETED		CEDENT'S EDU nly highest grade (0-12)		18a. DECEDE (Give kin life. Do N	NT'S USUAL OCCUP. d of work done during OT use retired.) K DRIV	most of working	16b. KIND OF E	USINESS/IN	DUSTRY		
BE COM	17. FATHER'S NAME (First, I		TH			16. MOTHER'S NA	AME (First, Middle, Meld E HOLMES	en Sumame)			
2	190. INFORMANT'S NAME HELEN	(Type/Print) SMITH	1				Route Number, City or 1 ST./BALT		E, MD.21213		
	20a. METHOD OF DISPOSI 1 X Burlal 2 Cremat 4 Donation 5 Other	ion 3 🗆 Rem er (Specify)		of complany, creat	TON CEN	E OF DISPOSITION (Name DATE 20C. LOCATION — City or Town, State LANSDOWNE, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME 1101 E.NORTH AT										
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediata YiNG jury	b. Is	AS A CONSEQUENT	arrhy CE OF): CE OF): CE OF):	thmta L cards Coronary	omyopo	Alisa	15 years 25 years		
	PART II. Other aignific	stre	heart war	faslum	ting in the underly chr	ying cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 200 NO		
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	/Outpatient 3 🗆 D	OTHER:	PLACE OF DEATH (C					
PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)				. TIME OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
TED BY	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, off building, atc. (Specify)						281, LOCATION (Stree City or Town, Str	et and Numbe ete)	er or Rural Route Number,		
COMPLETED	CONSULT ONLY		SICIAN: To the best of my ER: On the basia of axami						sted. the cause(a) and manner as stated.		
~	29b. SIGNATURE AND TITL	E OF CERTIFIE									

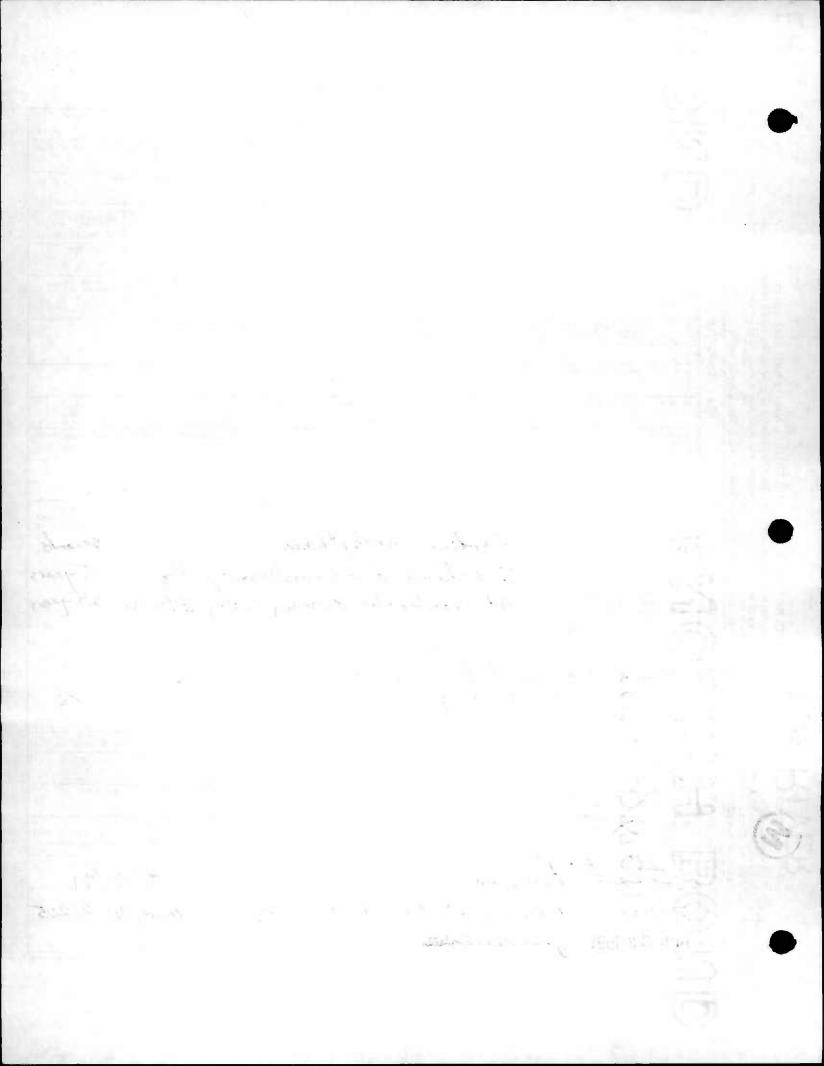
CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAR'S SIGNATURE wardson-Randelle

600 N. Wolfe St Tower 110 Baltmore

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89



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leath. Page 6 may be retained by the hosp	funeral director, page 5 should be detached		xaminer must be notified at once.
TO THE MOSPING DATAINED PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	ding physician and completely filled in by th	lygiene prior to burial, cremation, or remova	IMPORTANT II Tom-26 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HYSICIAN: The law requires that the death	is certificate has been signed by the attent	with the State Dept. of Health and Mental H	ted, or Item 23 shows any Injury, or
TO THE HOSPITAL DISTRIBUTE PA	TO THE FUNE IN THE PARTY IN THE IN	be filed within 7 poors are death w	IMPORTANT: If Imm 26 is mark

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMI			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) ERNESTINE	SPARKM	AN			2. DATE OF DEATH MONTH APRIL 1	8 1991	3. TIME OF DEATH 0920 AM	
		1 □ M 2XXF 41	YRS. MONT		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06 - 06 - 4	9 8. BIRTY Count V I R	HPLACE (State or Foreign Ty) GINIA	
TOR	RESIDENCE OF DECEMENT				TORE, M		9c. COUNTY OF I	DEATH	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCATE	on E, CITY			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FERAL	3965 SINCLAIR	LANE		101.	ZIP CODE 212	13	10g. CITIZEN OF		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES X IF YES, GIVE WAR OR DATES	(\ <u>X</u> \NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	n or No— 14. RAC Blac Spec	E — American Indian, ik, White, etc. Hy: BLACK	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16st Completed) 16st College (1-4 or 5 +)	e. DECEDENT'S USUAL (Give kind of work of life. Do NOT use retin	done during mos ired.)	N it of working	16b. KIND OF BU	SINESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) JOE Barnes		i lar		Helen	ME (First, Middle, Meiden Rolfe			
10	19a. INFORMANT'S NAME (Type/Print) HELEN BARNES					/BALTIMO	RE, MD.		
	29. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remort 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	MO1	etary crematory or of	VARY (CEMETER	Y AN	N ARUND		
	Alvin L	Williams			D ADDRESS OF FA		1101 E	.NORTH AVE	
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	pomplications that caused the lat only one cause on each DUE TOUGH AS A CO	una. Mr.	les la	de of dylps, suc	th as cardiac or reap function (iratory arress	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to death but r	not resulting in th	na undarlying	j cause given in	Part I. 24s. WAS AN PROPOSED 1		WEED AS TO ANY PROCESSOR AND A SALES FROM TO COMMUNICATION OF CHARGE AND A SALES FOR A SAL	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 🔀 YES 2 🗍 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	0T	HER:	ACE OF DEATH (C)	8 Other (Specify)			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ WO	URY AT RK?	28d. DESCRIBE HOW			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	9-22-90 280. PLACE OF INJURY — building, etc. (Specify) ROad	4:15P At home, farm, street	t, factory, office	- IX	Pedestria 281. LOCATION (Street City or Town, State 3900 Sinc	and Number or Rural		
COMPLETED	onel	CIAN: To the best of my knowledge:				a to the cause(a) and ma	nner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER		1 DOCTI	m.	29c. LICENSE NU		29d, DATE SIGNE	D (Month, Day, Year) - 18th 1991	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	0()					
	APR 23 1991	32. REGISTRAR'S SIGNATU	IRE						

AND ED WELL JULIE SELECTIONS

BALLIMOHE, MAHYLAND 21203-	ige 6 may be retained by the hospital or attent	director, page 5 should be detached for use as
BALIII	Nours after death. Pa	led in by the funeral
RECORDS, P.O. BOX 13146,	w requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attent	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
Ä	w requ	been

DIVISION OF VITAL

PHYSICIAN: The law requires that the death certificate be executed withlin fours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial permit. Pages 1, 2, 3 shouls with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	riked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	NO TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other trauma	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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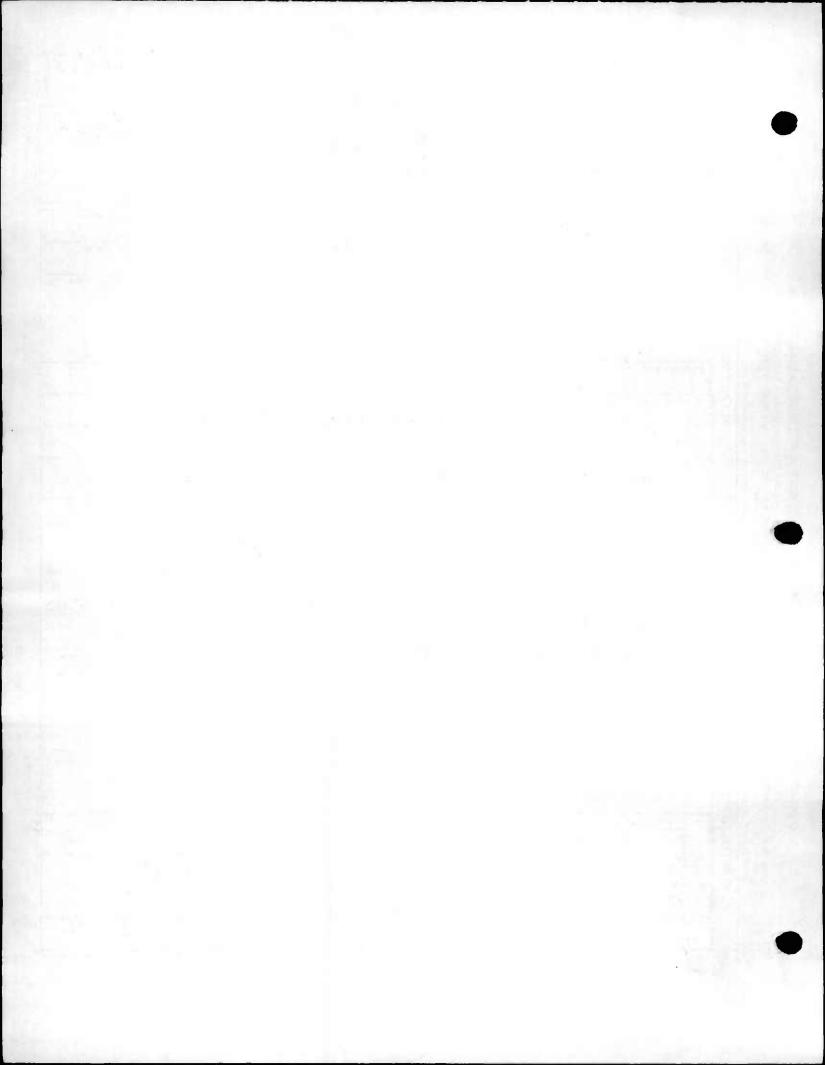
30. NAME AND ADDRESS OF P

31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 15,1991 10:50 Am April Marion Massholder Spain 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 422-01-5277 1 M 2 X F YRS Illinois Sept. 21 1902 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH 7401 Osler Drive Towson Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY Maryland Baltimore Baltimore 1 TYES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10t, ZIP CODE 240 Gaywood Rd. 21212 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 X Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Sprinkler Corp. of America 12 yrs Secretary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Milton S. Mossholder Fanny E. Barron 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eva Louise Randall 63 Majestic Circle, Buffalo, N.Y. 14226 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State 1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Entomoment Dulaney Valley Memorial Park Timonium, Maryland 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore. 21212 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Final **Onset and Death** une frommund disease or condition_ dias as reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, OUE TO (ON AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED 1 TES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY, OCCURED 1 Natural Pending М 1 YES 2 NO nacto 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (S 3 Suicide Could not be 4 Homicide determined 29e, CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) and 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mg

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

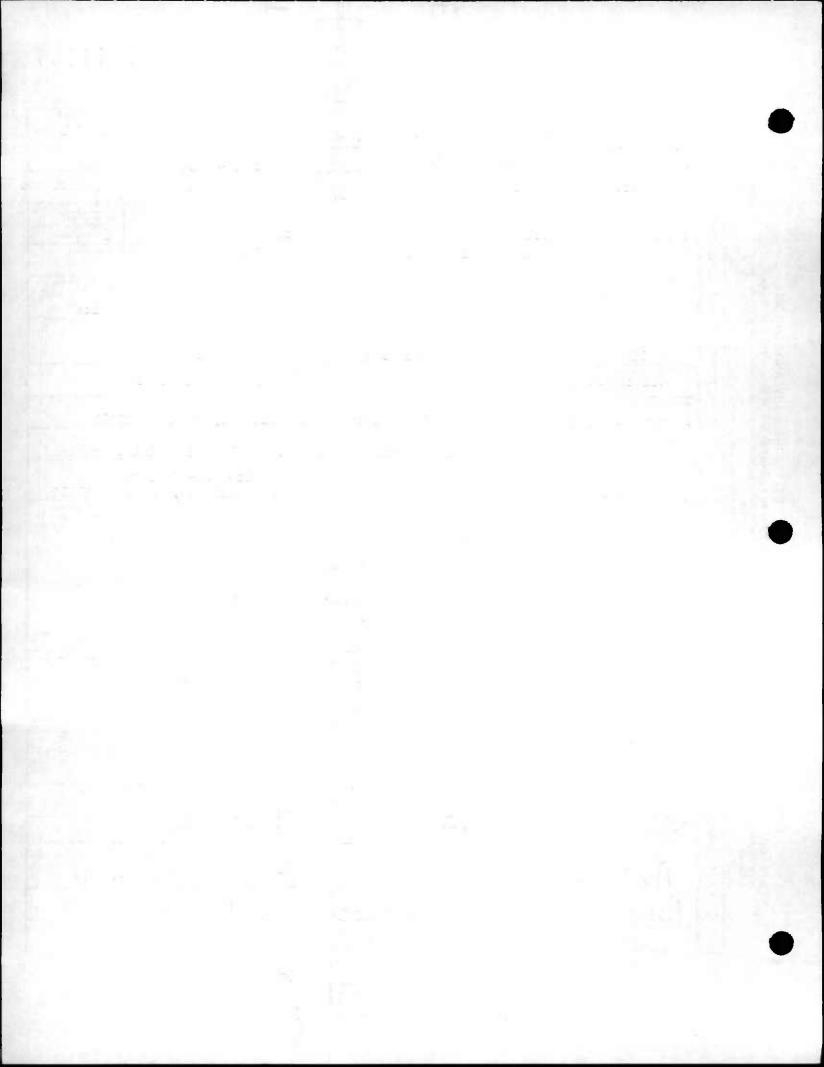
DHMH-16 Rev 1/89



DHMH-18 Rev 1/89

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	EDITH THO	RN SUYDAM			2. DATE OF DEATH MONTH D		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	, , , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun			
œ	9a. FACILITY NAME (If not institution, give s			b. CITY, TOWN C	R LOCATION OF DE	3-09-8 Owson	9c. COUNTY OF	YLAND . DEATH Baltimor		
2	RESIDENCE OF DECEDENT	A THOSPI	I so conv	TOWN OR LOCAT	WION		4	Total Monte City		
FUNERAL DIRECTOR	Marylahd B	altimore		BACT	Baltimo			10d. INSIDE CITY LIMITS? 1 VES 2 NO		
NERA		325 Regester			213	-	USA U.	SA.		
BY FU	11. MARITAL STATUS 1 Never Married Married 3 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	J.S. ARMED 22 NO ES	If yes, sp		IC ORIGIN? (Specify Yes i, Puerto Rican, etc.)	or No — 14. RAC Blac Spec	CE — American Indian, ck, White, atc. city: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done durina ma	on st of working	18b. KINO OF BU	SINESS/INDUSTRY			
MPL	12	conege (14 of 54)	Secret	ary		Petr	oleum			
BE CO	17. FATHER'S NAME (First, Middle, Last) Clifton J. Tho	orn			16. MOTHER'S NAI	NE (First, Middle, Maiden ISE E:	Sumame) inschutz			
2	19a. INFORMANT'S NAME (Type/Print)			,		loute Number, City or Tow		1212		
	Charles H. Suydam	206.1	PLACE AND DATE O	F OISPOSITION	(Name	oate 20c.LC	CATION - City or 1			
	1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		netary, crematory or laney Val				herville	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LA SERVICE	sept Form	ane		ork Road	Mitchell-		d Home and 21212		
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that caused t List only one cause on asc						Approximata interval Batween		
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	. Live	e 70	ilu	rell	Leval	face	Onset and Death		
z	DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):		1					
AL CE	PART II. Other significant condition	na Contributing to death but	t not resulting in	the underlyin	cause given in	Part i. 24s. WAS AF	AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS		
DICA						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME						_		1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Che	ock only one)				
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpet	tlant 3 DOA 4		e 5 🗆 Rasidence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	YY WC	RK?	28d. DESCRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Them. State)								
COMPLET	design of the second	ICIAN: To the best of my knowle						o(a) and manner as stated.		
띪	29b. SIGNATURE AND TITLE OF CERTIFIE	e mo		1	29c. LICENSE NUM	(BER	29d. DATE SIGNE	ED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WITH	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, F	EPH	HOS	PITALT	0000	H.Mn		
	31. DATE FILED (Month, Day, Year) APR 2. 4. 1991	32. REGISTRAR'S SIGNA-	TURE							
	APK & 4 1991	HUMANUAUSON-								



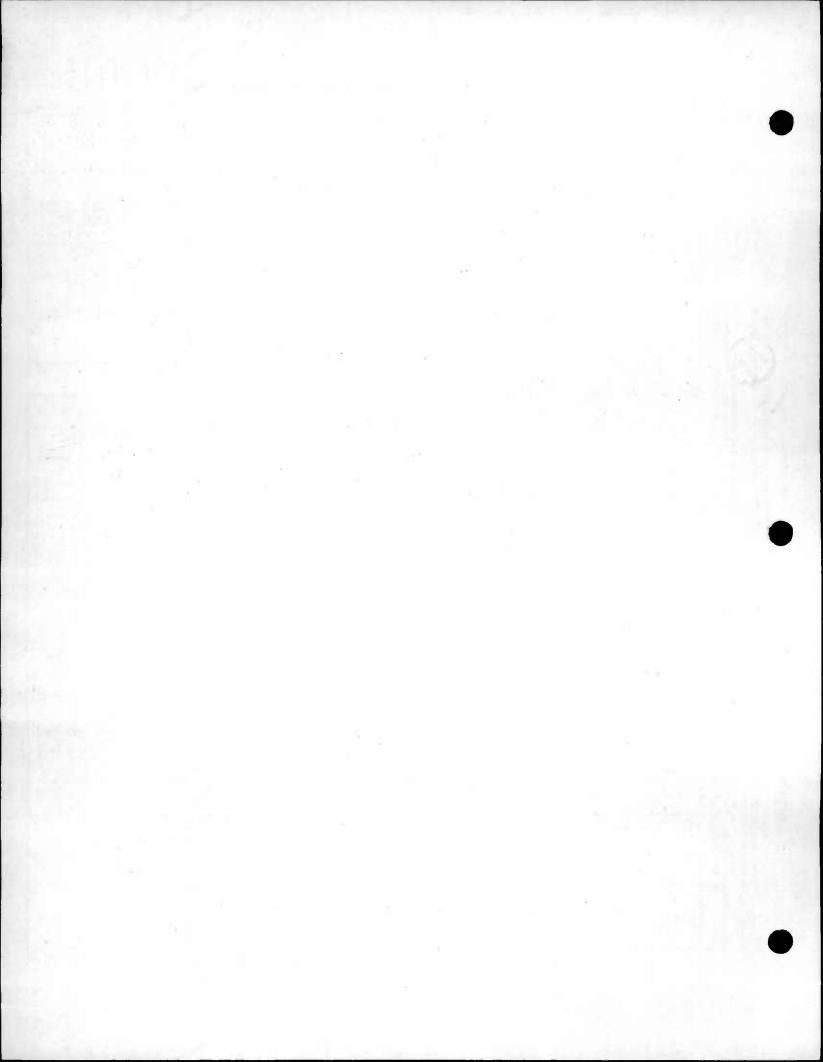
the burial-transit permit, Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× nours after death. Page 6 may be minimated by the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 minimates after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

21203-3146

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF		MENTAL	HYGIENE REG. NO.		11148
1. OECEOENT'S NAME (Figst, Middle, Lest)	0 0			2. DATE C			3. TIME OF DEATH
19 1	On Smith			MONTH	1 100	Y	EAR 3 400
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birt.	hday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE O	F BIRTH		BIRTHPLACE State or Foreign
213-54-1839	and and	TRS. MONTHS DAYS		(Month,	Day, Year) 2/-/8	92	Country)
9a, FACILITY NAME (If not institution, give str	eet end number)	9b. CITY, TOW	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH
Lettellian de/	Maril	Roi	tolata			Ba	0.t.
RESIDENCE OF DECEDENT	TA COC	Thee,	The Contract of the Contract o	7		De co	
10e. STATE 10b. COUNTY	2 1	c. CITY, TOWN OR LO	ATION				10d. INSIDE CITY LIMITS?
omd.	alt.	Kow tel	stone	,			1 YES 2 NO
10e. STREET AND NUMBER			IOF. ZIP CODE			10g. CITIZER	N OF WHAT COUNTRY?
112020 Bost	to Do	i	2112	/		7/1	0
11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13 945 0	ECENDENT OF HISPA	MIC OBIGINS	/Sneathy Ven	or No. 14	RACE — American Indian,
1 Never Married 2 Merried	FORCES? 1 YES 2 NO	Il yes,	specify Cuban, Mexico	en, Puerto Ri		U 110-	Bleck, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 Y	ES 2 NO Specif	fy:			Specify: Q D
15. DECEDENT'S EOUC	ATION 18a DECEO	ENT'S USUAL OCCUPA	MON	1405	KIND OF BUS	INTER UNION	Buck
(Specify only highest grade of	completed) (Give ki	ind of work done during NOT use retired.)	most of working	100.	KIND OF BUS	INESS/INOUS	181
Elementery/Secondary (0-12)	College (1-4 or 5+)	0	1.				
6 made	911	recive	e				
R'S NAME (First, Middle, Last)	2		18. MOTHER'S NA	AME (First, M.	iddle, Maiden S	Surname)	
Willeam 1	sulter -						
19a. INFORMANT'S NAME (Type/Print)	O . 194 M/	AILING ADDRESS (Street	t and Number or Rural	Route Number	er, City or Town	, State, Zip Co	ode)
140000 -	Hairpin	120,0	V				
200 METHOD OF DISPOSITION	20b. PRINCE OF 6	POSITION (Name of	cemetery cremetory or		20c. 10c	ATION — City	y or Town, State
1 Buriel 2 Cremetton 3 Remo	val from State	Terri	1-1	7	13	0/3	1. 0
21. BIGHATUNE OF FUNERAL SERVICE LICE	- COCC	LEEK NAME	AND AGORESS OF FA	ACII ITYS	100	e co	ma
5/		340	- (e) DE	and	all	ree	Kerlul
Mariet M.C	1,00,00	130	ed De	1	2 5	-	Ser
23. PARE L Enter the diseases, or co	omplications that caused the death	Do not enter the	node of dylan au	ch se cordi	ac or mank	etoni erresi	t, Approximata
shoot, or haart failure, L	lst only one cause on each line.	o not antar the	noda or dynig, aut	on sa caron	ac or reapn	etory arrea	intarvai Betwaa
iMMEDIATE CAUSE (Fine)	0 . 0	^ -					Onsat and Deat
disease or condition resulting in death)	Devile de	meete					11-5
	DUE TO (OR AS A CONSEQUE	NCE OF):					
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEQUE	NCE OF):					
cause. Enter UNDERLYING							ļ
CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUE	NCE OF):					
resulting in death) LAST							
	•						
PART ii. Other aignificant conditions	contributing to death but not reau	Iting in the undarly	ing cause given in	Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
Osterorom					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 [] YES 2	∐ NO	OF DEATH?
							1 TYES 2 NO.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (C	heck only one)		
1 TYES 2 THO	1 Inpatient 2 ER/Outpatient 3 1		ome 5 🗆 Residence	8 🗆 Other	(Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		NJURY AT	28d. DEŞ	CRIBE HOW I	JURY OCCU	RED
1 Natural 5 Pending	(Month, Day, Year)		WORK?				
2 Accident investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — Al home,			281-1-004	TION (Street =	nd Number or	Rural Route Number,
4 Homicide determined	building, etc. (Specify)				r Town, State)	Transport UF	
DO CENTIFIED							
	ZIAN: To the best of my knowledge, death						
one) 2 MEDICAL EXAMINER	: On the basis of examination end/or inves	stigation, in my opinior	, death occured at the	e lime, date	end place, and	due to the c	cause(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CHARGE	0		29c. LICENSE NU	IMBER	-	20d DATE O	SIGNED (Month, Day, Year)
1001	Le		DO O			N CI	e t .
	ACCURATE TO A SUM TO THE SUM TO T		NE II	5		- 71	1116
30. NAME AND ADDRESS OF PERSON WHO	1 1 1 1				10.11)
"E Che	tunt Hill Co	Hen to	nte- 1 h	-1)	21136		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						



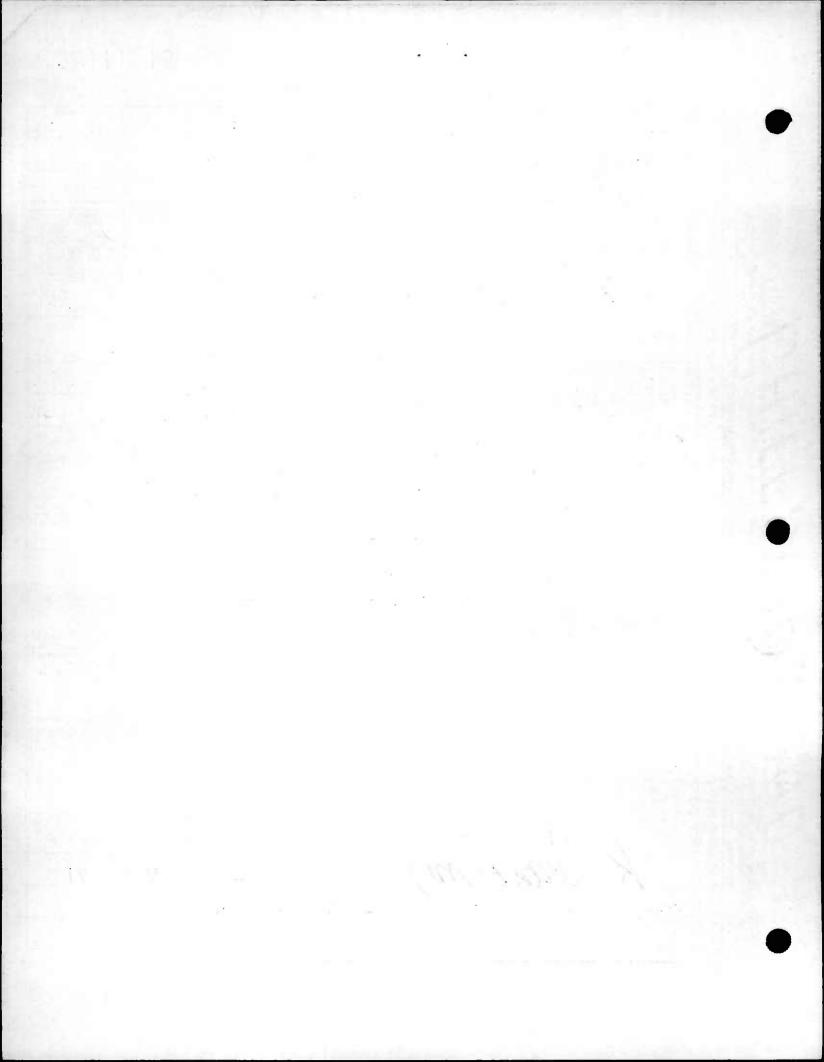
DIVISION OF VITAL RECORDS B. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law request has the law required by the hos	TO THE FUNERAL DIRECTOR: After this certificate has the under the manner of the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	be filed within 72 hours are oean with the best of the part of the
THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw Tellines That III	THE FUNERAL DIRECTOR: After this certificate has been upped to the	med within 72 hours after death with the blade beth, or many and in IPORTANT. If flow 28 is marked, or flow 23 shows any in

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF MARY		DEPARTMEN				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) LOWELL SMITH						2. DATE OF April	DEATN 23	1991	3. TIME OF DEATH 5:55 A M
	4. SOCIAL SECURITY NUMBER 238-20-0472 98. FACILITY NAME (if not institution, give	1 X M 2 □ F	(In yrs. Ia:	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURA MIN. R LOCATION OF DE		/17/24	Coun	.C.
DIRECTOR	Perry Piont V	A Hospital			Harf	ord Co				, , , , , , , , , , , , , , , , , , ,
	MD 100. STATE 10b. COUNT	Y		Balt	imor	e				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 2953 Clifton 11. MARITAL STATUS	AVE.				21216			U.S	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 DATES	NO 13	If yes, spe	elfy Cuban, Maxica 2 NO Specify	n, Puerto Ric	Specify Yes or No-	Spec	E — American Indian, ik, White, etc. illy: Black
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		- Me	ECEDENT'S USUAL (Give kind of work done b. Do NOT use retired., Cab Dri	during mo		16b. K	Cab Cor		
E COMPL	12 17. FATNER'S NAME (First, Middle, Last) Cornelius Smi	th		Cab DII	ver		ME (First, Mid e Per	dle, Maiden Surname		у
TO B	190. INFORMANT'S NAME (Type/Print) Ernestine Smi				lift	on Ave		timore	, MD	21216
	20b. METHOD OF DISPOSITION 1 M Burlai 2 Cramation 3 Ramoval from State 4 Donation 6 Other (Specify) 21. SIGNATURE-OF FUNERAL SERVICE LICENSIA 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or other place) Carrison Forrest VA Cem. Baltimore, MD 22. NAME AND ADDRESS OF FACILITY									
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Douglass Funeral Services 1701 McCulloh Street									
	23. PART I. Enter the diseases, or shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause consider the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the cause	Liv	eath. Do not ente e. er Disea	r the mo				arreat,	Approximate interval Between Onset and Death
TION	Sequentially list conditions, If any, leading to immediata b. Hepato Renal Failure DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events Coagulopathy Secondary to Liver Disease DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PERFORMED? 1 YES 2 X NO OF D								b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	R:	ACE OF DEATH (Ch			1	
ву рнуѕ	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJ WO	URY AT HRK?		Specify) RIBE HOW INJURY C	OCCURED	
6	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Sp.	Y — At h	ome, farm, street, fa	ctory, offic			ION (Street and Numb Town, State)	ber or Aural	Route Number,
COMPLET	onel -	CIAN: To the best of my kno								(s) and manner as stated.
TO BE	29b. SIGNATURE AND THE OF CERTIFIE	ERRI 1	m	7.		VA O101-				0 (Month, Day, Year) 3-91
	30. NAME AND ADDRESS OF PERSON WI				nt. N	Marvland	2190	12		



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BALTIMORE, MARYLA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Surs after death. Page 6 may be removed to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 stronger		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be hotting at
ĭ	Page	al dire		ner
ALT	death.	funer		exam
ď	after	by the	moval	ical
ā	SULS	Ed in	97.0	med
U	7 U	aly fill	ation	#
46,	d with	omplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
3	xecute	and co	Duna	natic
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e pe e	Sician	MOY TO	traun
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	出	里	filed	APOR
	2	H	å	=

ports or attending physician.

ND 21203-3146

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				GIENE G. NO.	9	11150
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE		VEAD	3. TIME OF DEATH
	Catherine		S	nead		April	19, 19	991	5:45am w
	4. SOCIAL SECURITY NUMBER		7	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	RTH Year)	8, BIRT Count	HPLACE (State or Foreign try)
	220-20-1797		55 YRS.	191 7.2		July 2			yland
~	9e. FACILITY NAME (If not institution, give st		-		R LOCATION OF DE	ATH	9c. CO	UNTY OF	DEATH
Ö	Maryland General	Hospital		Baltim	ore City				
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
5	Maryland		Balti	more					1 X YES 2 NO
ĭ.	10e. STREET AND NUMBER			101.	ZIP COOE		109. C	TIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	5322 Wabash Aven				21215			.S.A	
5	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	II yes, spe	ENDENT OF HISPAN policy Cuben, Mexicer	n, Puerto Rican,			CE — American Indien, ck, White, atc.
BĄ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗌 YES	2 NO Specify			Spe	Black
	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	IN at an working	18b. KIND	OF BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use ret	ired.)	at or working				
MP		College	Teach	er					Public School
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI)	
H	James Wainwrig 190, INFORMANT'S NAME (Type/Print)	ht	105 MAILING ADI	DESS (Street a	Ellen nd Number or Bural F	C. Per		Zin Code)	
2	Walter A. Snead		1 -27400 20000 70	Company Constitution	ve. Bal				21215
	204 METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Remo	20b	PLACE OF DISPOSITIO				20c. LOCATION		
	1/LABuriel 2 ☐ Cremetion 3 ☐ Reme 4 ☐ Donetion 5 ☐ Other (Specify)	G. G.	other place) arrison Fo	rest V	e t eran C	Cem.	Owings	Mill:	s, Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FAC	Nut	ter Fun	eral	Homes, Inc.
	Palyer 8	= Mutt		25U1 Ralti	Gwynns E more, Ma	alls P	arkway 21216		
	23. PART I. Entar the diseases, or o								Approximata
	ahock, or haart fallure. IMMEDIATE CAUSE (Final	List only one cause on a	ach Ilna.						Interval Batween Onsat and Daath
	disease or condition resulting in death)	Carcinoma	a with met	astati	c diseas	e			
	Andrew 2011 - 1711 - 1	DUE TO (OR AS A	CONSEQUENCE OF):						
NO	Sequantially list conditions,	b	CONSEQUENCE OF):						
ATI	If any, leading to immediata cause. Entar UNDERLYING	DOE 10 (OR AS A	CONSECUENCE OF J.						İ
띮	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	reaulting in death) LAST	d							
2	PART II. Other eignificant condition	a contributing to death b	ut not resulting in t	ha undarivin	g cause given in	Part I. 24e.	WAS AN AUTOPS	SV 20	b. WERE AUTOPSY FINDINGS
CAL			at the total tring to		g caace groun in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI						— ''	YES 2 T NO		OF DEATH?
Σ.						_			
MA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEATH (Ch	eck only one)			
Sic	1 TYES 2 THO	HOSPITAL: 1 ∑Inpatient 2 ☐ ER/Outp		THER: □ Nursing Hoπ	ne 5 🗆 Residence	8 Other (Spe	ocify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		JURY AT ORK?	28d, DEŞCRIB	E HOW INJURY	OCCUREO	
Accident Investigation M 1 YES 2 NO									
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree cify)	et, factory, offic	•	28f. LOCATION City or Tox	N (Street and Num vn, Stete)	ber or Flura	f Route Number,
4	no- OPOTIFIED								
COMPLET	(Check only	ICIAN: To the best of my know ER: On the basis of examination							e(e) and manner se stated
S			/	Triny opinion, c			-		
B	296. SIGNATUME AND TITLE OF CERTIFIE	- Jul	en		29c. LICENSE NUI		200. (4//	19/9 Day, Year)
2	30. AAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	117		_ i-,	4	/ (/
	. Edward King				General	hospi	taļ /	/	- 7
	31. DATE FILED (Month, Day, Year)	12 REGISTRAR'S SIGN	ATURE						-

11150



hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached or removal	medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any miniting the death with the State hear of Health, and Mental Hvillene and it is build, comparing or removal	per lifer within 12 notes and used man for come copy. Or receive any injury, or other traumatic event, the medical examiner must be notified at once.

								1 11151			
	1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	3. TIME OF DEATH			
		RESELVER	Si.			APR	110 1991	8:40 m			
		5. SEX 6. AGE 1 ☐ M 2 🛣 F	(In yrs. lest birthday) YRS.	MONTHS DA		7. DATE OF B (Month, Day	RTH s. (Year)	BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give stre	et and number)	2	96. CITY, TO	WN OR LOCATION OF DI	The second second	9c. COUNTY	11.14 011.0			
D. RO	2438 HARKING KOAD WHITE HAW HARFORD										
DIRECTOR	10e. STATE 10b. COUNTY	*	10c. CIT	Y, TOWN OR L	DCATION	-		10d, INSIDE CITY LIMITS?			
	MARYLAND HAR			1 TYES 2 NO							
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHA										
N N	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No — 14. RACE —									
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO Specif		, atc.)	Specify:			
8	15, DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S	USUAL OCCU	PATION g most of working	18b. KIN	D OF BUSINESS/INDUS	TRY			
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	mest at treatmy	C	GRT ER	الا المناسد ال			
N O	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle	a, Maiden Surname)	AFI LO.			
l w l	LEONIDAS F	PROBLIN	STYL	SR	AME	LiA	AUGUST	A AUSTER			
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet end Number or Rural	Floute Number, C	ity or Town, State, Zip Co	ode)			
	206, METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name) DATE 206. LOCATION — City or Town, State										
	12 Burlei 2 Cremation 3 Removal from State of cemetary, crematory or other place) 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SHALL OF RECORDS										
- 1	Joseph V. S	1 mon		83	POO HARF	GRO 1	ROAD - PE	ARKVILLS			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final										
	IMMEDIATE CAUSE (Final disease or condition		OVA								
	resulting in death) S DUE TO (OR AS A CONSEQUENCE OF):										
z	- applit Carpal Ascub										
ERTIFICATION	Sequentially liet conditions, If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	PF): '							
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	PF):							
	resulting in death) LAST										
2	PART II. Other aignificant conditions	contributing to death	but not resulting	In the under	tying ceuse given in	Part i. 24e	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICA		10al				1	PERFORMED? YES 25 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
								1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C)	hash ash ass)		L			
SICI	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	Home 5 Residence		ecifyl				
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TI		INJURY AT WORK?		BE HOW INJURY OCCUP	RED			
84	1 Natural 5 Pending 2 Accident Investigation	20. 51.405.05.01.11.1			YES 2 NO						
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	ecify)	street, factory,	опісе	City or To	N (Street and Number or wn, State)	Rural Route Number,			
PLE	29e. CERTIFIER Check only	AN: To the best of my kno	wiedge, death occur	red at the time	date and place, end du	e to the cause(e) end manner ee atated.				
COMPLETED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							cause(e) end manner as stated.			
BE C	29b. BIGNATURE AND THE OF CERTIFIER	0.01 (29c. LICENSE NU	MBER	29d. DATE S	NGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	thellen Ir	7		100	1482	- PAR	RIL 11, 1991			

32. REGISTRAN'S SIGNATURE
Wha Davidson Pandelle

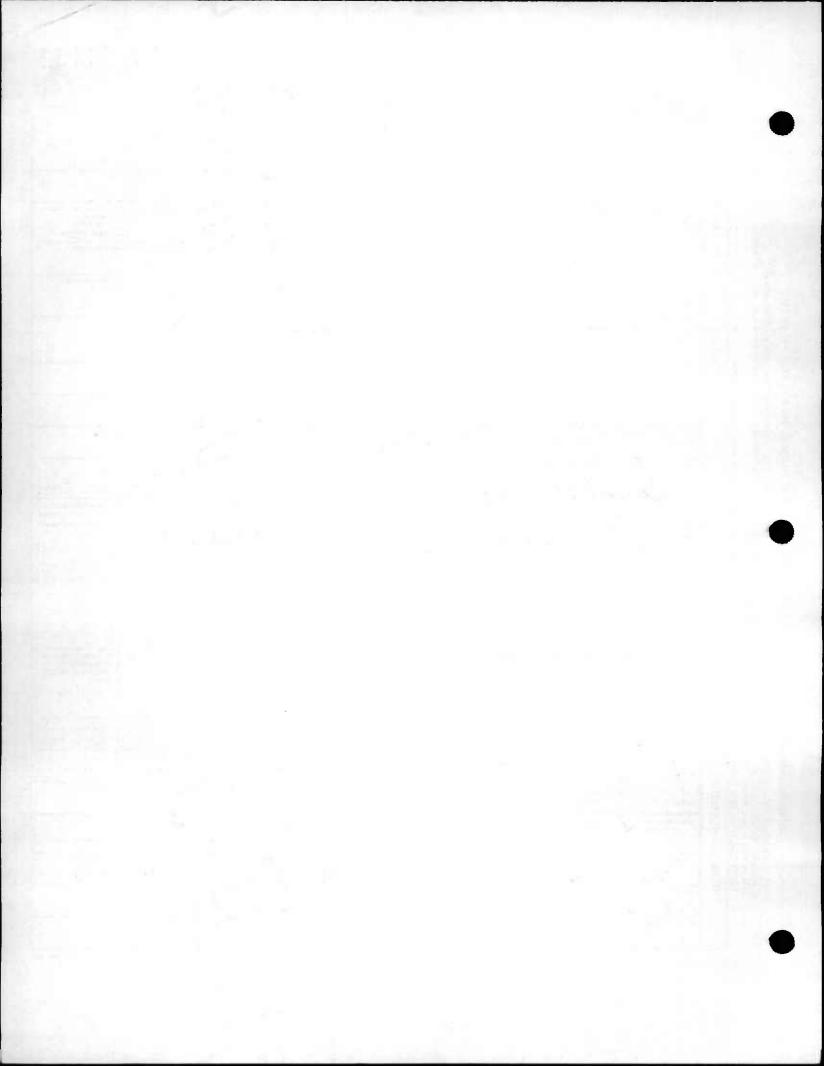
31. DATE FILED (MORTH, Day, Year)
APR 24 1991

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-mours after death. Page 6 may be retained by the hospitations are supported by the positive properties of the properties o	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Dect. of Health and Marital Holelie prior to build: cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 per	pino	P.
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工里	出る	ORT
L OT	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the familiar within 72 hours after death with the State Deut of Health and Mental Hydiene prior to build. Cremation, or removal.	MP
•		

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF		MENTAL	HYGIENE REG. NO.		11132	
	1. DECEDENT'S NAME (First, Middle, Last)	Emma Lou	ise	Shill	ing	2. DATE O MONTH Apr	DAY	YEAR QQ1	3. TIME OF DEATH	
	215-05-1828	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month)		8. BIRTH Count	IPLACE (State or Foreign 7/)	
TOR	90. FACILITY NAME (If not institution, give stree Greater Balto.)			96. CITY, TOWN	OR LOCATION OF DE		9c, C0	UNTY OF E		
L DIRECTOR	Maryland Balt	co.Co.			lle,Md.			10d. INSIDE CITY LIMITS? 1 YES XX NO		
FUNERAL	8402 Harris			21234		109. CITIZEN OF WHAT COUNTRY? USA				
ВУ	11. MARITAL STATUS 1	ARMED Seo	13. WAS DI If yes, 1 1 — YE		E — American Indian, k, White, etc. White					
COMPLETED	1011 0 1			•			Restaura			
BE CON	17. FATHER'S NAME (First, Middle, Last) Louis 190. INFORMANT'S NAME (Type/Print)	J. Kohll			Loui	se	ddle, Malden Surname	Smi	th	
2	Mr.Frank L.Shi	lling	170	9 Nort	and Mumber or Rural hview D		lto.Md.			
	1XC Surlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cedar Hill Cemetery A.A.Co.Md.									
1	Balto.Md.21230 McCully Funeral Home, 130 E.Fort Ave.									
	23. PART I. Enter the diseases, or con ahook, or heart feilure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	et only one cause on each if	ne.	Ch	ode of dying, suc	h as card	ac or respiratory	arreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions of	contributing to death but no	t resulting	in the underly	ng cause given in		24s. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		HOSPITAL:	3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch					
BY PH	27. MANNER OF DEATH 1 Netural S Pending 2 Accident Investigation	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO								
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	nome, farm,	street, factory, of	ice		TION (Street end Numi r Town, State)	ber or Rural	Route Number,	
COMPLETED	(anna)	AN: To the best of my knowledge, On the basis of examination and/							e) end manner ee stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Levy	0		29c. LICENSE NU	MBER 08	29d. 0	ATE SIGNE	(Month, Dey, Year)	

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) APR 2 4 1991



FOR 1 STATE

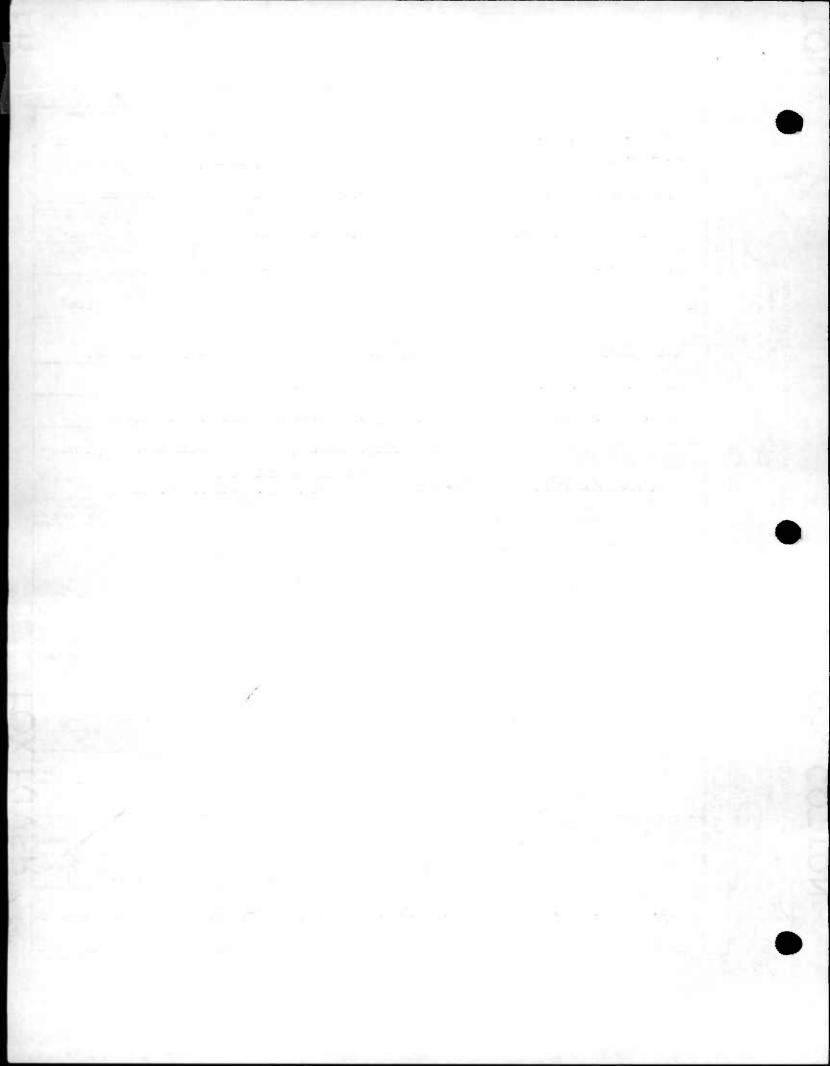
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE (OF DEATH	REG.	NO.				
,	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEAT MONTH	DAY	YEAR 3. TIME OF DEATH			
į	John G. Spahn	Ir.				4 19 91					
	4. SOCIAL SECURITY NUMBER 215-18-3482	5. SEX 1. M 2 F	6. AGE (In yrs. last birthday) 69 YRS.	IF UNDER 1 YE MONTHS DA	1 1	7. DATE OF BIRTH (Month, Day, Year 10-14-2	er)	BIRTHPLACE (State or Foreign Country) Maryland			
	9e. FACILITY NAME (If not institution, give stre	eet and number)	9	9b. CITY, TO	WN OR LOCATION OF			ITY OF DEATH			
ا چ	5719 Cynthia Tei	Accessory.			timore Co			ltimore			
DIRECTOR	RESIDENCE OF DECEDENT						1,700				
Ĭ	10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR L	DCATION			10d. INSIDE CITY LIMITS?			
		timore		Bal	timore Co	unty		1 TYES 2 NO			
FUNERAL	100. STREET AND NUMBER 5719 Cynthia Tei	rrace			10f. ZIP CODE	21206	10g. CITI	USA			
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMEO			ANIC ORIGIN? (Specif		14. RACE — American Indian.			
B	1 Never Married 2 Merried	FORCES? 13	EXYES 2 NO AR OR DATES W 11		s, specify Cuban, Mex YES 2 2 NO Spe	cen, Puerto Rican, etc cify:	Puerto Rican, etc.) Black, White, e Specify:				
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S	S USUAL OCCU	PATION a most of working	16b. KIND OI	USTRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+			g most of working						
COMPLETED	12th grade		Invest	tigatio	ns Clerk	Socia	al Secu	rity Adm.			
ō l	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Mi	siden Surname)				
	John G. Spahn, S	Sr.									
B	19a. INFORMANT'S NAME (Type/Print)					al Route Number, City o					
의	Dorothea E. Zaci	ierka					e Balto., Md. 21206				
,	20e. METHOD OF DISPOSITION ↑☐ Buriel 2 ☐ Cremetion 3 ☐ Remo 4 ☐ Donetion 5 ☐ Other (Specify)	val from State	20b. PLACE AND DA	TE OF DISPOSIT	Cemetery			cky or Town, State re, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE		c .	22. NAN	22. NAME AND ADDRESS OF FACILITY Lassann Funeral Home						
	> Lasselw 7.	unul	7 Thoms			Rd. Balto	o., Md.	21236			
	23. PART I. Enter the diseeses, or co	omplications the	t caused the death. Do	not enter the	mode of dying, a	uch as cerdiac or	reepiretory an				
	ahock, or heart fellure. L	list only one cau	se on each line.					Interval Between Onset and Death			
	II IMMEDIALE CAUSE (FINO)										
	resulting in death) a. CRESTO VTAS 2009 9 CC CREATED TO (OR AS A CONSEQUENCE OF):										
_	disease or condition a. Checkero vas aulo 1 9 cc claud DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. b. Checkero vas aulo 1 9 cc claud DUE TO (OR AS A CONSEQUENCE OF):										
<u></u> 6	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		18.00	. 1-	HP 11 A	0 for 1	4 20				
H	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):	· · · · · ·	your	-cop				
틽	resulting in deeth) LAST			•							
			NOF	X. 7	000						
	PART II. Other significent conditions	contributing to	death but not reaulting	in the unda	rlying cause given		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL							ES 2 NO	COMPLETION OF CAUSE OF DEATH?			
								1 YES 2 NO			
Σ						_		1			
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only one)					
PHYSICIAN:	EXAMINER?	HOSPITAL:	EDIO-decide - C - CC	OTHER:							
\$	1 YES 2 NO	1 ☐ Inpatient 2 ☐	ER/Outpatient 3 DOA		. INJURY AT	28d, DESCRIBE I		CURED			
	1 Netural 5 Pending	(Month, D		NJURY	WORK?	200. DESCRIBE	IVW INSURT OC	CONLO			
BY	2 Accident Investigation	80. 81.000	NO IN IN INC.		YES 2 NO	001 100 100	Maria and a state of	as Book Bards ** *			
	3 Suicide 6 Could not be	25e. PLACE C building,	OF INJURY — At home, farm etc. (Specify)	, atreet, factory,	office	261. LOCATION (S City or Town,		r or Rural Route Number,			
Ë l	4 Hormeron materialism										
2	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, death occu	rred at the time	, date end place, and	due to the cause(a) en	d manner as sta	ted.			
COMPLETED	coe)	R: On the beele of e	xamination end/outlinessign	tion, in my opin	ion, death occured at	the time, date and pla	ce, end due to t	he cause(s) and manner as stated.			
	29b, SIGNATURE AND TITLE OF CERTIFIER	1	Mal	_	29c. LICENSE	NUMBER	29d. DAT	E SIGNED (Month, Day, Year)			
8	CALIFORN COST ON THE COST OF T		-		#3	5598	•	4/22/91			
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALL	SE OF CEATH (ITEM 32) (TH	pe. Print1	11/3	2 17	1	T/2-1-1			
	Dr. Loh 617A St				. 21221 (391-6996)	,			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE		,		-				
	APR 2 4 1991 4	Fula Davido	m- Mandella								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 10+1

BALTIMORE, MARYLAND 21215-0020

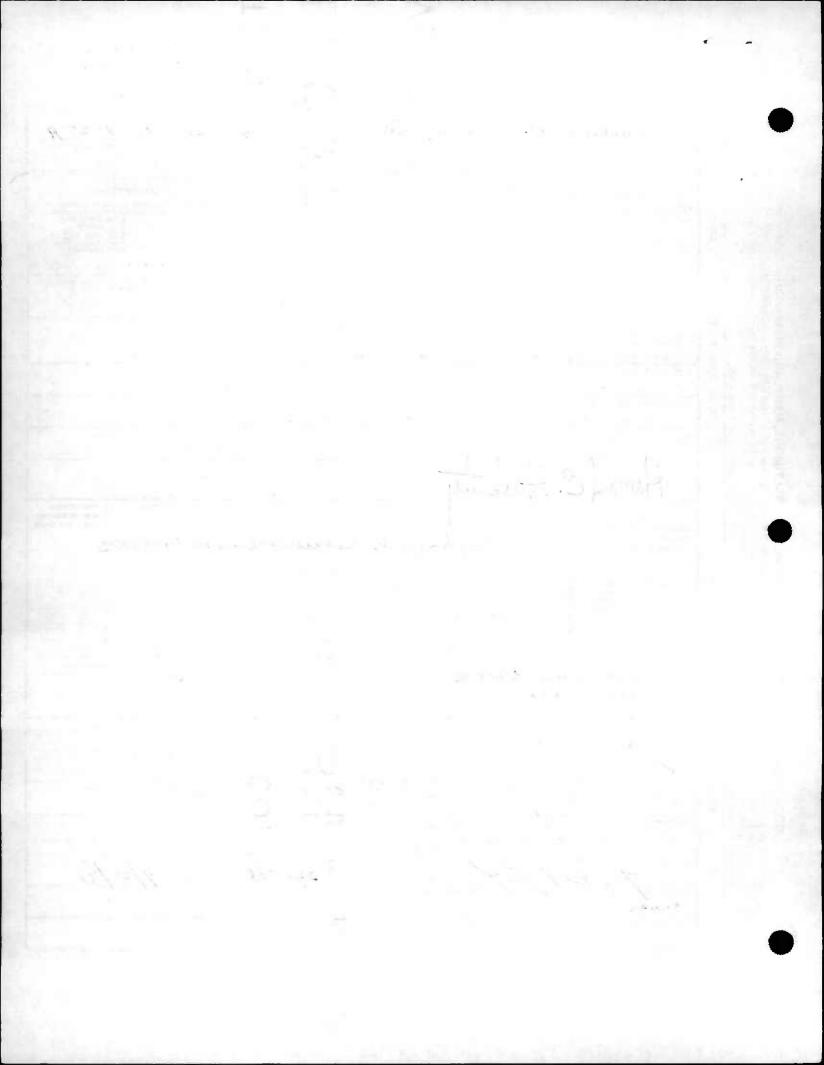
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pa be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.				
3	1. DECEDENT'S NAME (First, Middle, Last)		~			2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH		
	CHARLES	W. Sm.	ITM, Jr	•		4 21	9/	1025 AH		
	4. SOCIAL SECURITY NUMBER 203-14-4465	5. SEX 6. AGE (F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/10/192	5 N	BIRTHPLACE (State or Foreign Country) EW York		
œ	9a. FACILITY NAME (If not institution, give a PENINSULA GENERA		9		DR LOCATION OF DEL		9c. COUNTY OF DEATH WICOMICO			
5	RESIDENCE OF DECEDENT									
E	10a. STATE 10b. COUNT	Υ		TOWN OR LOCAT		-		10d. INSIDE CITY LIMITS?		
	Virginia Acc	omac	Gree	enbackv:				1 TES 2 NO		
FUNERAL DIRECTOR	618-8 Starboard		101	23356		OF WHAT COUNTRY?				
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	N U.S. ARMED 2 NO ATES	S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Maxican, Puerto Ric 1 YES 2 NO Specify:				RACE — American Indian, Black, White, atc. Specify: White			
TED	15. DECEDENT'S EDU (Specify only highest grade	16a. DECEDENT'S US	SUAL OCCUPATION done during moretired.)	ON st of working	166. KIND OF BUS	SINESS/INDUST	RY			
APLE	Elementary/Secondary (0-12) 12	Owner/Ma	-		Busine		Ray Supply			
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charles W. Smit	h			18. MOTHER'S NAI					
10 B	190. INFORMANT'S NAME (Type/Print) Jayne W. Smith					noute Number, City or Tow ceenbackvi				
	20g, METHOD OF DISPOSITION 1-Si Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	b. PLACE AND DATE Of CEOPERRY, Crematory, or CIOSEVIILE	of Disposition		DATE 20c. LO		or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE L		14864111	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home						
	Maware C.	Naubell	4			-Bridgevil	le, DE	19933		
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Finei disease pr condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) I AST. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
Σ		L ULCER	_	tha undarryin	g cause given in	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Ch	eck anly one)				
YSI	1 TES 2 THO	1 Inpatient 2 ER/Out			ne 5 🗆 Residence	6 Other (Specify)				
	27. MANNEB OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME INJU	RY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	NED		
FED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spe	Y — Al home, farm, str	reet, factory, offic	:è	261. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETED	ann)	SICIAN: To the best of my know IER: On the best of examination						ause(a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	アリノノ		17	29c, LICENSE NUI		29d. DATE S	IGNED (Month, Day, Year)		
70	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Тура, Р	hint)	P360	, 6	- 7/	121/1/		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	MATHRE							
	ADD C 4 400 c	neus i han s sign	NAI UNE							
	APR 2 4 1991	gula Davidson-1	andelle		, -) -			DHMH-16 Rev 1/89		



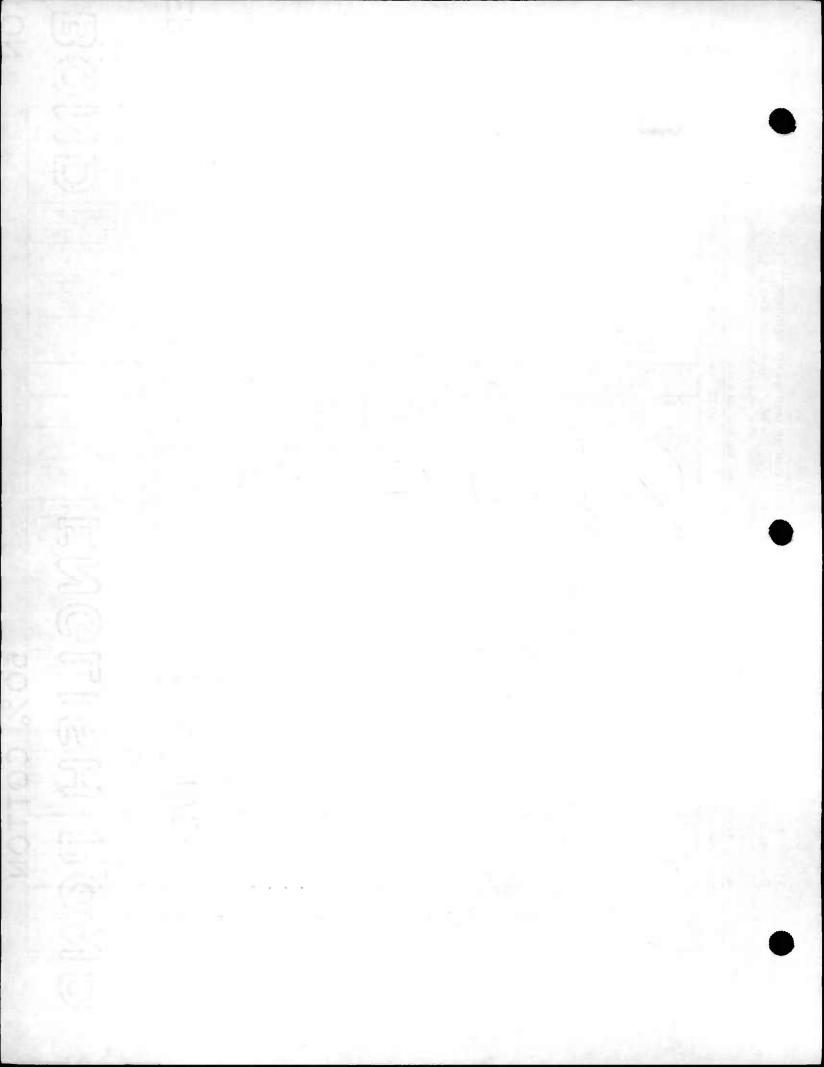
TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
wal,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-bassit permits Pages 1, 2, 3
ter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

31. DATE FILED (Month, Day, Year)

APR 2 4 1991

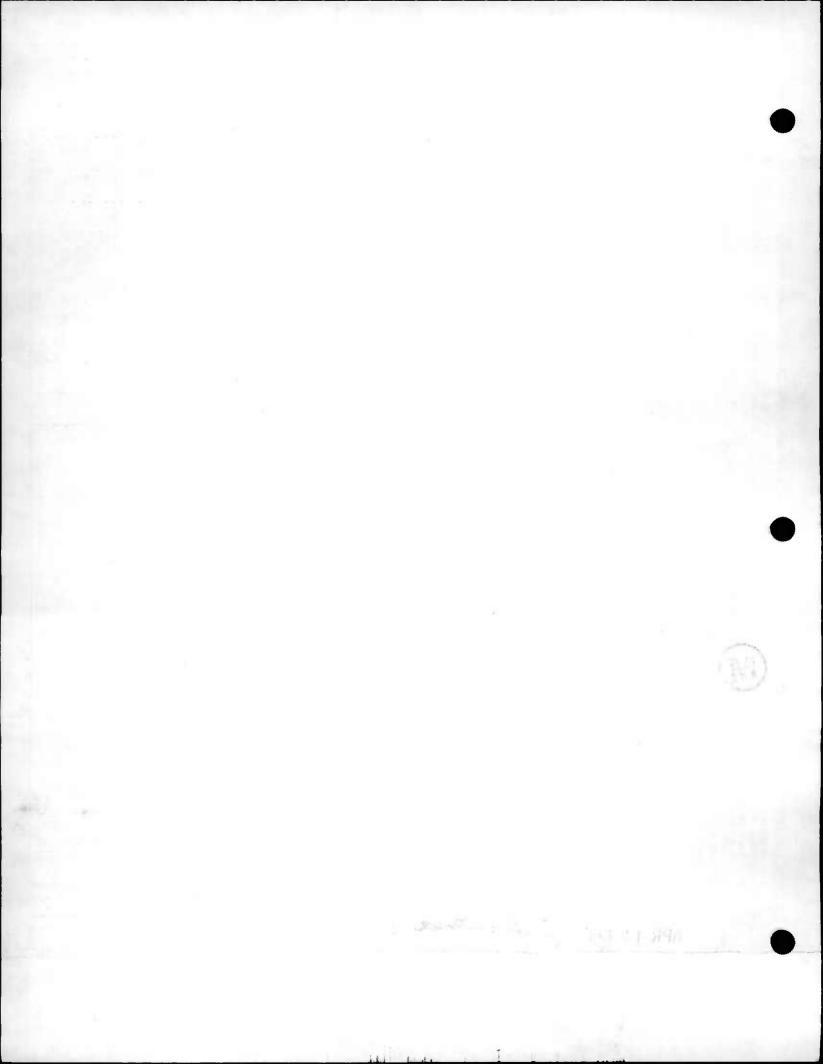
32. REGISTRAR'S SIGNATURE

G-675 5/9/9. FOR STATE REGISTRAR	1 CM STATE OF MA			MENT OF H			YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) HORACE	С.			EPHENS		2. DATE OF 1 MONTH 04		1991	3. TIME OF DEATH 7:22 pm
4. SOCIAL SECURITY NUMBER 244-80-3455	5. SEX 6.	AGE (In yrs. le		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	17 49	Count	HPLACE (State or Foreign ny) orth Carolin
9a. FACILITY NAME (If not institution, give s DOCTORS HOSPITAL	treet and number)		9	LANHAM	R LOCATION OF DE	EATH	9c.	COUNTY OF	GEORGE 'S
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v ce Georges			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	inns Lane			101		WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT S FORCES?	VER IN U.S. A	RMED NO	13. WAS DEC	20706 ENDENT OF HISPAI coffy Cuban, Mexica	NIC ORIGIN? (S	pecify Yes or No	USA - 14. RAC Blac	E — American Indian, k, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Specify:								y: Black	
(Specify only highest grade	College (1-4 or 5+)		Give kind of wor b. Do NOT use i Dispat	k done during mo etired.)	at of working	IOD. KIN		vate	
17. FATHER'S NAME (First, Middle, Lest) Marvin	18. MOTHER'S NA Ha	ME (First, Midd) Zel		lythe					
19a. INFORMANT'S NAME (Typo/Print) Brenda St	tephenson	1	96. MAILING AT 7713		nd Number or Aurel Lane/La				
METHOD OF DISPOSITION Solution 2 Cremation 3 Rem Other (Specify)	ioval from State			of disposition	(Name metery	DATE	20c. LOCATIO Pendl		N.C.
21. AGNATURE OF FUNERAL SERVICE LI	CENSEE Z	Dea	08	22. NAME AP	J.B.Jen Jandover	kins Fi	meral	Home	
23. PAST I. Enter the disease, or shock, or heart sallure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. ACUTE DR	UG AND	a.				or reapirator	y arrest,	Approximate Interval Batween Onset and Death
Sequantially list conditione, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	с		EOUENCE OF):						
that initiated events resulting in death) LAST	DUE TO (O	R AS A CONS	EOUENCE OF):						
PART II. Other algnificent condition	ns contributing to de	eath but not	resulting in	the underlying) ceusa givan in	Part I. 24	A. WAS AN AUTO PERFORMED! YES 2 N		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: V			28. PI	ACE OF DEATH (C)	heck only one)			
1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Pending Pending Pending Natural 1 Natural 5 Pending Pe								DRUGS AND	
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF building, at HOME	INJURY — At I c. (Specify)	nome, ferm, str	eet, tactory, offic		City or To	ON (Street and Nown, State) FINNS I		ANHAM, MD
enel	ER: On the basis of axes								(a) and manner as ateted.
296. SPRINATURE AND TITLE OF CERTIFIE	hight N.		* (O.C.M.		29d		0 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WITH		OF DEATH (IT					MADWI		20/1991



THE CENTIFICATION	DE COMBIETED DY BUYSICION MEDITION
MPORTANT: If item 28 is marked, or item 23 shown in the property or other traumatic event, the medical examin	MPORTANT: If Item 28 is marked, or Item 23 shows
Hygiene prior to burial, cremation, or removal.	be filed within 72 hours after death with the State Dept. of the state
THE FUNERAL OIRECTOR: After this certificate has been a second on physician and completely filled in by the funeral	THE FUNERAL OIRECTOR; After this certificate has been and
O THE HOSPITAL OR ATTENDING PHYSICIAN. THE INVESTIGATION OF THE HOSPITAL DE EXECUTED WITHIN 2- HOURS ATTENDED TO	THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires to

	1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAL HYO	NO.					
-	1. DECEDENT'S NAME (First, Middle, Last) Sheldon Fran	k	- Annual Control of the Control of t						2. OATE OF DEA MONTH April	DAY	YEA 1991	AR	10 a M		
		S. SEX	8. AGE (In yrs. In		IF UNDER		IF UNDER		7. DATE OF BIRT	Ή.	0. B		E (State or Foreign		
	061-18-1169	1 XM 2 □ F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov 8	1903		W Yo	ork		
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY,	TOWN OF	LOCATI	ON OF DE			COUNTY				
<u>د</u>	Franklin Square Ho	spital			Ba	ltimo	ore				Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT	Sprour								_		Salt	umore		
l iii	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	PR LOCATIO	ON			10d. INSIGE CITY LIMITS?					
ā	MD			- Ba	1tima	ore						M	YES 2 NO		
A	10e. STREET AND NUMBER					101.	ZIP COD	_		10g	. CITIZEN	OF WHAT	COUNTRY?		
FUNERAL	1700 Old Eastern					212	21	USA							
5	11. MARITAL STATUS	T EVER IN U.S. A	VER IN U.S. ARMED 13. WAS DECENDENT OF HISPANI							o— 14. I	RACE — A Black, Wh	merican Indian,			
	. C	IF YES, GIVE W	YES 2X	χŅΟ		i yes, spec			n, Puarto Rican, a :	Mite					
BY	3 Widowed 4 N Divorced											V	wiite		
	15. OECEOENT'S EOUCA (Specify only highest grade co	TION mpleted)	16a. C	Give kind of	Work done	CCUPATION	N t of workir	ng	16b. KIND (OF BUSINES	S/INDUSTE	RY			
"	(Specily only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Manufacturing														
의	15. OECEOENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 years 1 year 17. FATHER'S NAME (First, Middle, Lest) 18. DECEDENT'S USUAL OCCUPATION (Glove lind of work done during most of working life. Do NOT use retired.) Inspector 18. MOTHER'S NAME (First, Middle, Meiden Sumame)														
\$ S	17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Melden Sumame)														
E III	Clarence Eugene	Thomas					Luc	creti	ia Julia	MOOI	re				
TO B	19a. INFORMANT'S NAME (Type/Print)								Route Number, City						
= -	Talliyii Hale								Balto.	, MD	2123	34			
ᇤ	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramov	al from State	20b. PLAC other	E OF DISPO	SITION (Na	me of cem	etery, crer	matory or	2	Oc. LOCATIO					
Ĕ	4 Donation 5 Other (Specify)		Gree	n Mou						Bal [·]	timor	ce, N	1D		
를	21. SIGNATURE OF FUNERAL SERVICE LIGHT				22.	NAME AND	D ADDRE	SS OF FA	aum al Home						
PX P	Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD 21204														
other traumatic event, the medical examiner must be notified at once. TIFICATION TO BE COM	IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic Renal Failure Oue to (or as a consequence of):										Interval Between Onset and Death				
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING														
other 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	d.														
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS														
	Esch	erichia	Coli S	entic	emia					ERFORMEO			LABLE PRIOR TO APLETION OF CAUSE		
SMED	Hist	ory of E							''	169 276 1	"		DEATH?		
# J		01,7 01 1		00.10					_				123 2 NO		
2 4	25. WAS CASE REFERRED TO MEDICAL					26 PL	ACE OF I	DEATH (Ch	eck only one)						
ed, or item 23 PHYSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL: XX Inpatient 2	EB/Outpetlant	2 🗆 2004	OTHE	R:				· 1					
à ≥	27. MANNER OF DEATH	28a, DATE OF		26b. Til		28c. INJU		estoence	6 Other (Speci 28d, OESCRIBE		Y OCCURE	ED			
36	III 1 V Natural 5 Panding	(Month, E	Day, Year)		JURY M	WOF		□ NO							
	a Districte		OF INJURY At	home, ferm,	street, fac	tory, office			26f. LOCATION	Street and N	lumber or R	tural Route	Number,		
m 28 ls ETED	4 Homicide determined	building,	etc. (Specify)						City or Town	, State)					
MPORTANT: If item	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER											luse(a) and	d manner as stated.		
PORT	296. SIGNATURE AND TITLE OF CERTIFIER	Our	X	mt	>		Ph.	18 20		290	1. DATE SIC	GNEO (Moi	S / Year)		
₹ 2		COMPLETED CAU	SE OF DEATH (I	TEM 27) (Typ	e, Print)	4				00	7/	MI	2/237		
	31. DATE FILED (Month, Day, Year)				5 16	1/140	157 }	WIA	100.	134	1-1-,	1	2 2/237		
	APR 1 3 1991	122. HIGHSTH	SON-MONEY		2										



8. BIRTHPLACE (State or Foreign

1940 West Germany

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Germany

Specify:

Baltimore, Maryland

BALTIMORE, MARYLAND 21215-0020

BOX 68760,

P.0.

DIVISION OF VITAL RECORDS,

31. DATE FILED (Month)
APR 2 4

1. DECEDENT'S NAME (First, Middle, Lest)

Helga

I. Unland

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

ADY

7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 - M 2 X-F 50 YRS. Sept. 21 213-46-1395 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 200 Towsontown Court DIRECTOR Towson RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE Maryland Baltimore Towson death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician: attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the house prior to burial, cremation, or removal. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 200 Towsontown Court 21204 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 V NO IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced ETED 15. OECEOENT'S EQUICATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker Own Home 12 once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Otto Ħ Hariq Helene Hinze notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hans Unland 1101 Kenilworth Drive, Towson, Md. 21204 pe 20a. METHOD OF DISPOSITION 20b. PLACE ANO OATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State 3 🗆 Rem examiner must Burial 2X Cremation "Green Mount" Crematory 4-19-91 5 Other (Specify) 4 Donation 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY · Wallace S. Brooks Ruck Towson Funeral Home, Inc. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert feiture. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) 30 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other Mental Hygiene OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury. been signed by the PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 YES 2 NO ţ0 r this certificate has been the with the State Dept. of arked, or item 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1.2 YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nurs me 5 D Hesidence a
Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked. 1 Natural 5 Pending M 1 YES 2 NO BY After 1 death 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. FUNERAL E within 72 h 2 - MEDICAL EXAMINER: On the basic of axa IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 200 ICENSE NUMBER TO THE F TO THE F be filed w BE 2 COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

> 32. REGISTRAR'S SIGNATURE · Cavidson-19

3. TIME OF DEATH 1013017

10d. INSIDE CITY

14. RACE — American Indien, Black. White, atc.

1 YES 2 NO

White

1050 York Rd

Approximate

Interval Betw Onset end Death

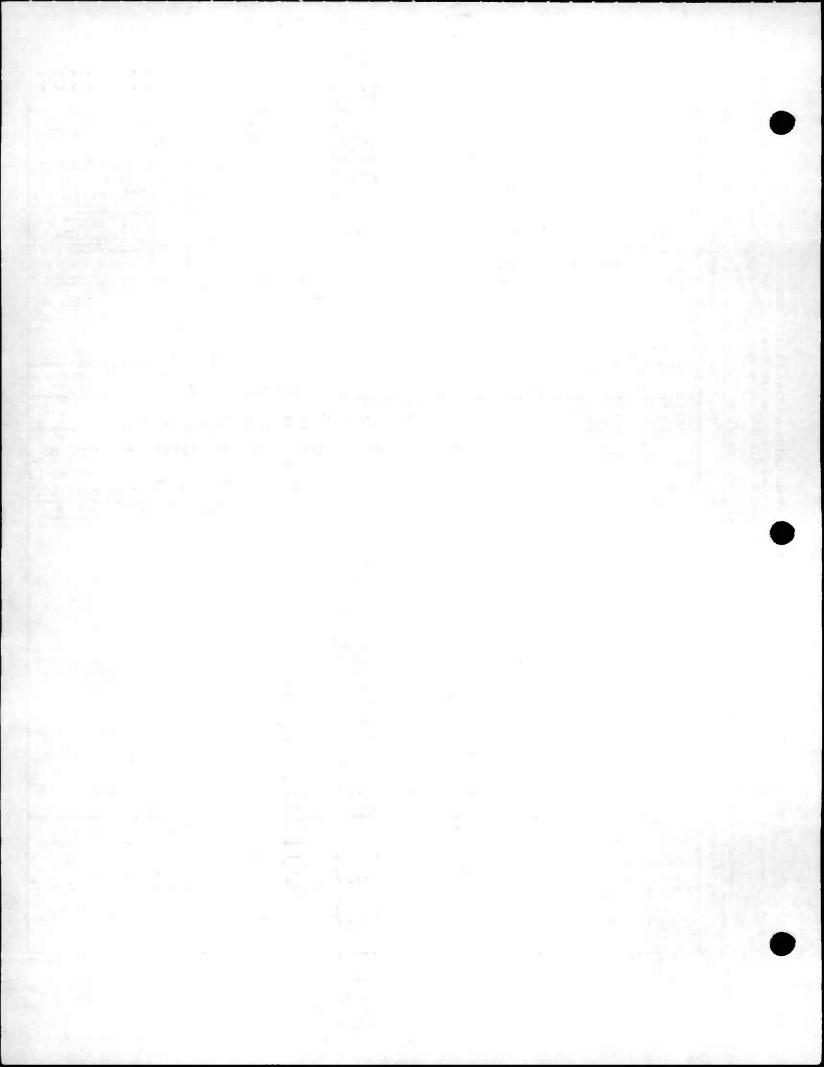
Towson, Md.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?

1 YES 2 NO

29d. DATE BIGNED (ME

	-	



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLANI		TMENT OF				YGIENE EG. NO.	1				
THE PERSON NAMED IN	1. DECEDENT'S NAME (First, Middle, Last)	VITALE					2. DATE OF MONTH	il 22		91	(9:20 a m		
	4. SOCIAL SECURITY NUMBER 220 18 8686	1 □ M 2 20 0 69	s. last birthday) YRS.	MONTHS DAY		24 HRS. MIN.	7. DATE OF I	B ^{Near)} 1	921	BIRTHPLACE (State or Foreign County Indiana			
TOR BO	9e. FACILITY NAME (If not institution, give st Franklin Squa: RESIDENCE OF DECEDENT			9ь. сіту, том Res	SVILL		EATH	1					
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	timore	10c. CfT	y, town or Lo		r			10d. INSIDE CITY LIMITS? 1 YES 2				
ERAL	10e. STREET AND NUMBER 3622 Dahlia	Lane			10f. ZIP CODE	2122	:Q		10g. CITIZEN OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES	100 0	If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yea If yea, specity Cuben, Maxican, Puerio Rican, etc.) 1 YES 2 PO Specify:						or No— 14. RACE — American Indian, Black, White, atc. Special 114		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	USUAL OCCUP, work done during be retired.)	ne during most of working dd.) Heme										
BE CO	17. FATHER'S NAME (First, Middle, Last) Edward Ovens 16. MOTHER'S N							Sego					
2	19a. INFORMANT'S NAME (Type/Print) Rose Mary Myers	Daughter		Dahli:									
	20e. METHOD OF DISPOSITION 1 Buriel 2 December on 3 Rem 4 Donation 5 Other (Specify)		SPOSITION (Name DATE 20c. LOCATION — City or Town, State Baltimore Cit										
	21. SIGNATURE OF FUNERAL BENVICE AS	Jugelys	2	Bri		ski	Funera		ACTION CONTRACTOR		21221		
	23. PART I. Enter the diseases, or somplications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Batween Onset and Death disease or condition resulting in death) Intracranial Hemmorrhage Due To (or as a consequence of):												
MOIT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Cerebrovascular Disease												
CAL CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO											
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO								RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2XXNO	HOSPITAL: 1 ☑ Impatient 2 □ ER/Outpatie	# 2 □ D O4	OTHER:	. PLACE OF D		(1 /ss / 1)						
ву РНҮ	27. MANNER OF DEATH 1XXNatural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?		6 Other (S		JURY OCC	URED			
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	me, farm, street, factory, offica				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	ana)	ICIAN: To the best of my knowledg									nd manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		1-1)			ENSE NU			29d. DATE	SIGNED (M	onth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WE Thomas Trinchet				ourt	Jon	na. MD	210	085				
	Thomas Trinchet 31. DATE FILED (Month, Day, Year) APR 2.4 1991	32. REGISTRAR'S SIGNATU	RE			UUU	30.3_110						

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO THE HOCPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained by the hospita TD THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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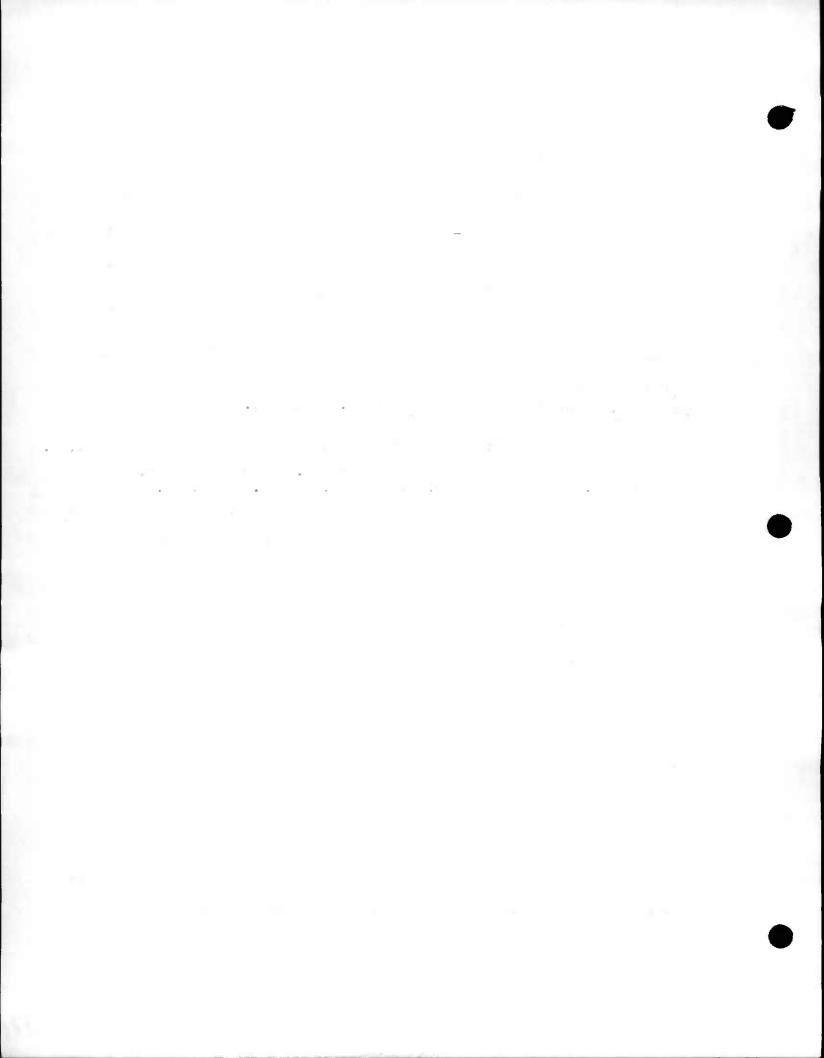
											9			159
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /			T OF H			MENTAI	HYGIEN REG. NO.	E			.05
	1. DECEDENT'S NAME (First, Middle, Last)		_							OF DEATH			3. TII	ME OF DEATN
	Ivor Vincent J	r.							MONTH A to 1	ril 23	. 190	YEAR		9:05 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t hirthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH	,		<u> </u>	(State or Foreign
	102 1/ 2/77	1 💢 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	n, Day, Year)	1922	Count	ry)	lvania
١ ١	9a. FACILITY NAME (If not institution, give str	192 14 3477							L. 9,		Ivalita			
~												NTY OF E		
DIRECTOR	VAMC 9600 North	Point Ro	oad		Fo	rt Ho	oward	1, Ma	aryla	and	re			
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									_	10d	INSIDE CITY		
Ē	M1							1	1					LIMITS? YES 2 NO
	Maryland 100. STREET AND NUMBER			Di	alti	more	ZIP CODE		iid		40- 017	7511 05 1		COUNTRY?
FUNERAL						101					log. Cit			COUNTRY
필	215 S. Castle St							1231				U.S		
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARI		13.					i? (Specify Yea Rican, atc.)	or No—	14. RAC Blac	E — Ar	narican Indian, ie, etc.
В	3 Widowed 4 Divorced		MAR OR DATES				2 NO				ļ	Spec		
				WII						19110			ite	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ompleted)	18e. DE	ve kind of	work done	during mo	N st of workin	ıg	186	. KIND OF BUS	SINESS/INI	DUSTRY		
"	Elementery/Secondery (0-12)	College (1-4 or 5	+)	DO NOT U	se rearea.)					5				
₹	11	0		Carp	ente:	r				Build		Ind	ust	ry
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18, MOT	HER'S NA	ME (First, I	Middle, Malden	Surname)			
BE	Ivor Vincent, S	r.								nderma				
2	19a. INFORMANT'S NAME (Type/Print)	nt	191	. MAILING	ADDRES	S (Stapet a	UAS	tle	St. Num	297231 t. How	n, State, Zi	p Code)		
	Jennie L. Vince Clin. Records VAM	ic c		9600	Nor	th P	oint	Roa	d F	t. Hów	ard,	Md.	21	.052
	20a. METNOD OF DISPOSITION	uni Irom State	20b. PLACE	OF DISPO	SITION (N	ame of cer	netery, cren	natory or		20c. LO	CATION —	City or T	own, S	lota
	1 Burist 2 Cremetion 3 Removal trom State 4 Donetion 5 Other (Specify) Entombment Cedar Hill Cemetery Anne Arundel Co.,							Co., Md.						
1	21. SIGNATURE OF FUNERAL SERVICE LIC		a Cla	7	22.	NAME A	D ADDRE	SS OF FA	CILITY	0 0	~			
	George A. Weber & Sons Inc. George A. Weber & Sons Inc. 705 S. Ann St. Balto. Md. 21231													
												_	<u> 251</u>	
ehock, or heert fellure. List only one ceuse on each line.						Approximate interval Between								
	IMMEDIATE CAUSE (Final													Onset end Death
	disease or condition resulting in deeth)	Carcin	oma of t	he E	soph	agus	wit	n mu	ltip:	le met	asta	ses		
	Name of the last o	DUE TO	OR AS A CONSE	OVENCE C	F):								T	
z	Commentation that are all the comments of the													
CERTIFICATION	Sequentielly list conditione, if eny, leeding to immediate	DUE TO	OR AS A CONSEC	DUENCE C	F):									
3	CAUSE (Disease or Injury													
	that initiated events	DUE TO	OR AS A CONSE	DUENCE C	PF):								l	
	reaulting in death) LAST	ı												
	PART ii. Other significent condition	e contributing to	death but not r	naultina	in the u	ndedvin		alven In	Dart I	240 MMC AN	AUTOBOV	24	- WED	E ALITOREY EMPHICE
¥.	TAIT III OUTOI SIGNITIONI CONGROUN	- contributing to	destil but not i	annung.	ni the n	iliaonyiii	y cause	Arreit iit	rait i.	24a. WAS AN PERFOR		1	AVAII	ABLE PRIOR TO
ă									_	1 TYES 2	NO NO			PLETION DF CAUSE EATH?
뿔													1 📋	YES 2 NO
ä														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only o	ne)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlant 3	□ DOA	4 Nu	R: Irsing Hon	e 5 □ R	ealdence	8 🗆 Othe	er (Specify)				
Ŧ	27. MANNER OF DEATN	28a, DATE O	F INJURY	28b. Til	ME OF	28c. INJ			28d. DE	SCRIBE NOW	NJURY O	CURED		
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY		PRK? YES 2 [□ NO						
ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE	OF INJURY — At he	me, farm,	street, fa-	ctory, offic	•			CATION (Street		r or Rural	Route	Number,
	4 Nomicide determined	building	, atc. (Specify)						City	or Town, State,				
Θ,	29a. CERTIFIER													
M	(Check only	-												
COMPLETED	one) 2 MEDICAL EXAMINE	10	examination and/or	investigat	ion, in my	opinion, o	wath occu	red at the	time, det	and placa, a	o dua to t	ne cause	(a) and	menner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIES	full	-				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Mon	th, gay, Year)
0 8	11/1/0-7											4/2	23	141
F	30 NAME AND ADDRESS OF TERSON WH	O COMBLETED CA	ISE OF DEATH OFF	M 27 (5m	n (Deint)									

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

APR 2 4 1991

M.D. 9600 North Point Road Fort

Howard, Md. 21052



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ID 21203-3146

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

a

1. DECEDENT'S NAME (First, Middle, Last) Samu

H.

5. SEX

1 M 2 □ F

1 -

death. Page 6 may be after executed certificate be the death requires that DIVISION OF VITAL

6. AGE (In yrs. lest birthday) 20 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If no 9b. CITY, TOWN OR LOCATE DIRECTOR N RESIDENCE DECEDENT 10b. COUNTY TOWN DR LOCATION MOI FUNERAL 10e. STREET AND NUMBER 10f. ZIP COD 2121 North Arlington Avenue the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 Å ND IF YES, GIVE WAR DR DATES 13. WAS DECENDENT OF H yes, specify Cubs 1 YES 2 ND 11. MARITAL STATUS 1 Never Married 2 Ma B 3 Wildowed 4 Divorced 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of works life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete COMPLET Elementary/Secondary (0-12) High School Salesman once. 17. FATHER'S NAME (First, Middle, Last) 18. MOT the medical examiner must be notified at John Wilson M retained by BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 Samuel H. Wilson, 2817 W. Lafayette 20a, METHOD OF DISPOSITION
1 💢 Burial 2 🗆 Cremation 3 🗆 20b. PLACE OF DISPOSITION (Name of cemetery, cre-4 ☐ Donation 5 ☐ Other (Specify) Mount 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRE 2501 Gwyn Baltimore filled in by the fion, or removal. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dy ahock, Dr heart failure. List Dnly Dne cause Dn eech line. this certificate has been signed by the attending physician and completely filled in with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or **IMMEDIATE CAUSE (Finel** Cardispo MON W. resulting in desth) traumatic event, OTO COTA ACTOR ter CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause PHYSICIAN: MEDICAL shows any THE HOSPITAL OR ATTENDING PHYSICIAN: The law ITHE FUNERAL DIRECTOR: After this certificate has be flied within 72 hours after death with the State Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF I **EXAMINER?** 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF marked, 1 Natural 5 Pending 1 YES 2 [BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is 6 Could not be determined COMPLETED 4 Homicide Hem 29a, CERTIFIER TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tir =

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my op

302 Greensprin

92. REGISTBAR'S SIGNATURE

MD

3/1. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SIGNATURE AND TITLE OF CERTIFIER

TOEL

11, DATE FILED (Morein, Day, Year)
APR 2, 4, 1991

MESHULAM

STATE OF MARYLAND / DEPARTMENT OF HEALTH

CERTIFICATE OF DEAT

IF UNDER 1 YEAR

DAYS

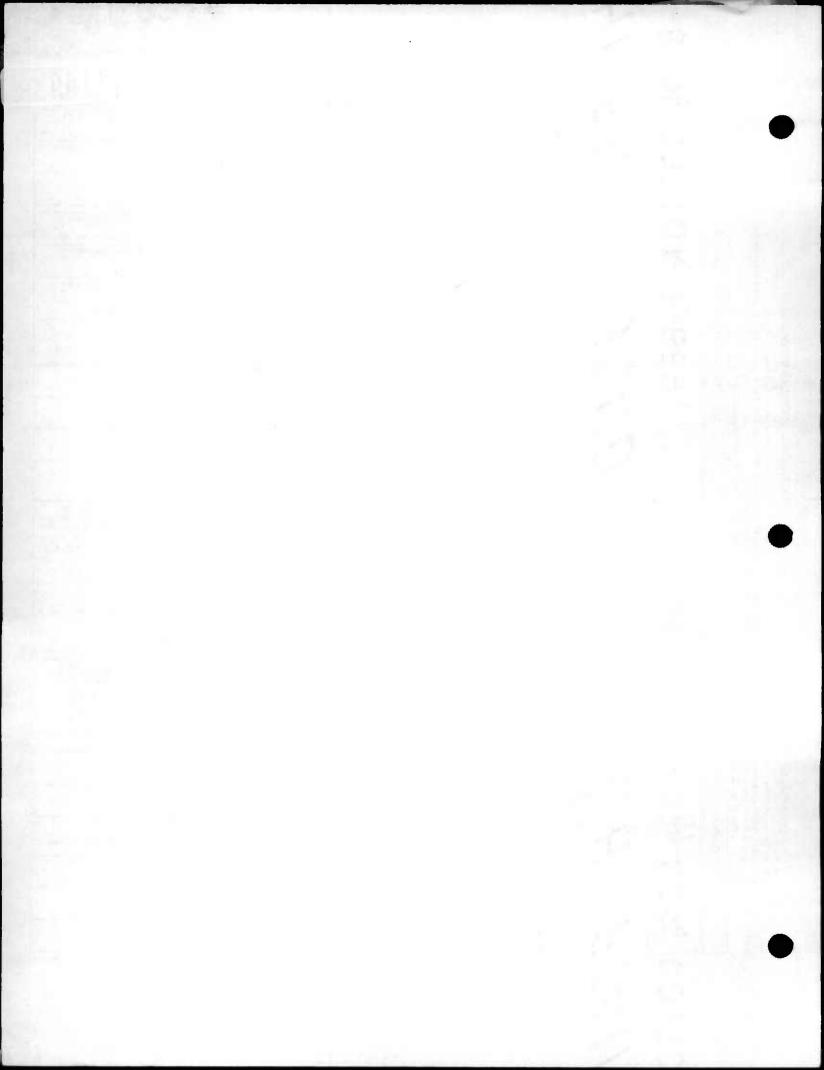
IF UNDER

29c. LIC

	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
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IMORS			VIL	/
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1000				LIMITS?
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f working	16b. KIND DF BU	SINESS/IN	DUSTRY	
	ARA Vei		Con	pany
L MOTHER'S NAME (Surname)		
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Number or Rural Route				01016
te Ave.	Baltimo	ore.	Mary	land 21216
ary, crematory or		CATION -		
	Ba	ltimo	re.	Maryland
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ause given in Par	PERFD	RMED?	24	AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
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E OF DEATH (Check 5	only one) Other (Specify) Id. DESCRIBE HOW	INJURY O	CCURED	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
E OF DEATH (Check 5	only one) Other (Specify) id. DESCRIBE HOW	INJURY O	CCURED	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
S Pealdence 6 TY AT CAT CAT CAT CAT CAT CAT CAT CAT CAT	only one) Other (Specify) Id. DESCRIBE HOW H. LOCATION (Street City or Town, State	RMED? 2 ND INJURY Or and Number)	CCURED or Or Rural	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
S OF DEATH (Check S Pasidence 6 TY YAT 26 S 2 NO 26 and place, and due to	only one) Other (Specify) Id. DESCRIBE HOW If. LOCATION (Street City or Town, State	INJURY Of	ccured er or Rural	ANALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND Route Number,
S 2 NO 28 and place, and due to the occurred at the time	only one) Other (Specify) Id. DESCRIBE HOW Id. LOCATION (Street City or Town, State the cause(s) and ma	INJURY Of and Number of due to	ccured or Aural ated, the cause	AMALABLE PRIDIR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND Route Number,
DE OF DEATH (Check 5 Realdence 8 Y AT 7 26 8 2 NO 26 and place, and due to the occurred at the time 29c. LICENSE NUMBE	only one) Other (Specify) Id. DESCRIBE HOW Id. LOCATION (Street City or Town, State the cause(s) and ma	INJURY Of and Number of due to	ccured or Aural ated, the cause	ANALABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND Route Number,
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TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If

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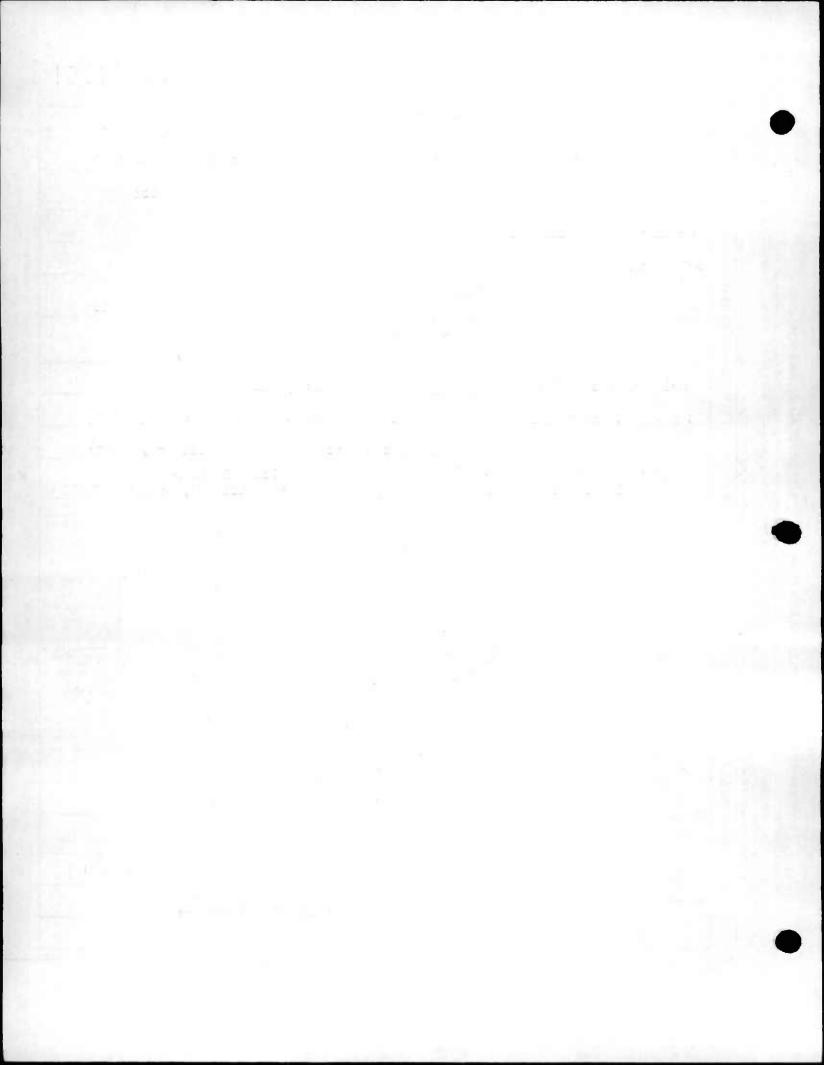
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burialized within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the control of the contro

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE	
. DECEDENT'S NAME (First, Middle, Last)	ELEANOR ZILER WALSH	2. DATE OF CEATH

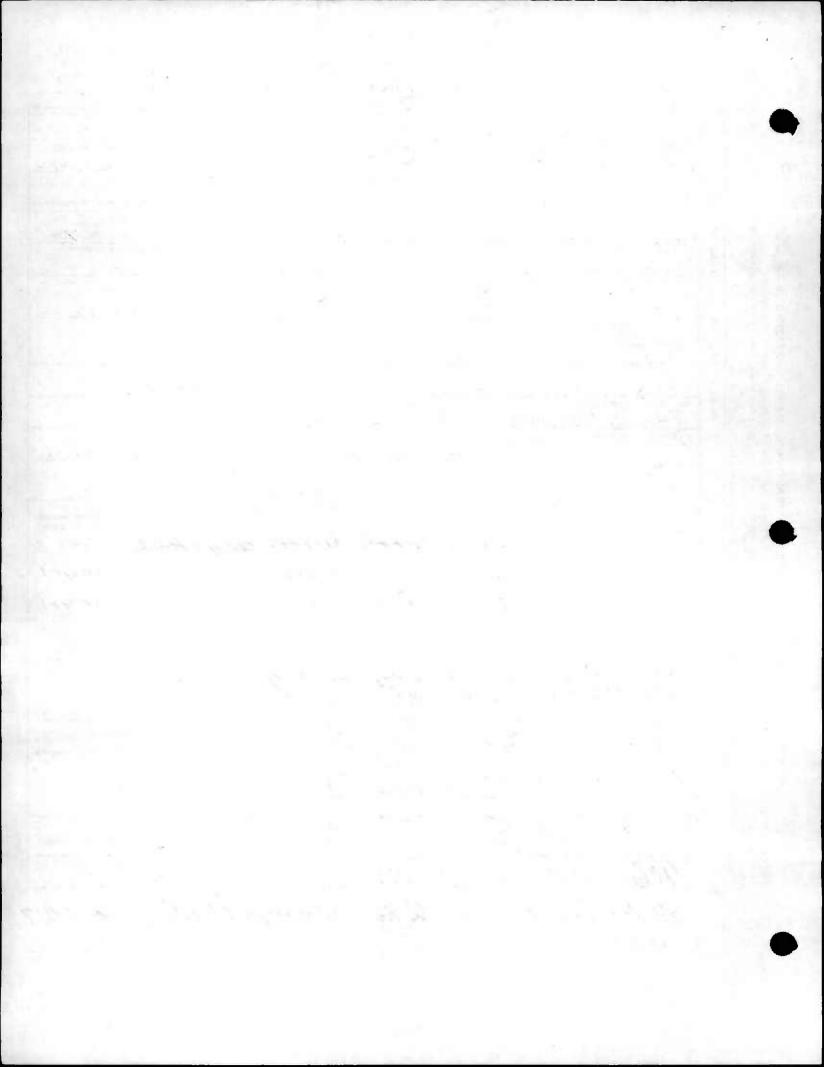
		441.4.0	TIT TO A ST	OD STITE	D PYAT	OT*	_		1				T	
1	1. DECEDENT'S NAME (First, Middle, Last) ELEANOR ZILE								MONTH DAY YEAR 4				3. TIME OF DEATH 2	
	4. SOCIAL SECURITY NUME 180 - 40 - 8		5. SEX	8. AGE (In yrs. Ia	st birthday) B5 _{YRS.}	IF UNDER	1 YEAR DAYS	#F UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day) 12-4	(Year)		Country)	LACE (State or Foreign
}	96. FACILITY NAME (If not in	stitution, give st	reet end number)			9b. CITY,	TOWN (R LOCATION	ON OF DE			9c. COUNT		
DIRECTOR	Manor Care Towson				Towson					Ва	ltin	nore		
Ĭ	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
	Maryland		ltimore			Tows	_							1 TES 2 X 100
FUNERAL	10e. STREET AND NUMBER		ad		101. ZIP CODE			10g. CITIZEN OF WI				HAT COUNTRY?		
302 East Joppa Road 21204 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEMBENT OF HISPANIC ORIGINAL								IC OBIGINA //C-	USA RIGIN? (Specify Yee or No					
BY FU	1 Never Merried 2 XX Widowed 4 Divo		FORCES? 1	YES 2 X		1	l yes, sp		n, Mexicar	n, Puerto Ricen, etc.) Black, White Specify:				White, etc.
	15. DEC	EDENT'S EDUC	CATION		ECEOENT'S					16b. KINI	D OF BUSIN	NESS/INDUS	STRY	·· III C
	(Specify online Elementary/Secondary (y highest grade	completed) College (1-4 or 5	1/6	Give kind of a e. Do NOT us	work done d se retired.)	furing mo	ast of working	ng					
COMPLETED		-	2		Homem	aker						N/A		
္ပ်ဴ	17. FATHER'S NAME (First, N	liddle, Last)						18. MOTI	HER'S NA	ME (First, Middle	, Meiden St	urname)		
BE	David Pend		Ziler							Ellen 1				
2	Chamles E		TTT							Number, C				20015
	Charles E.		TTT	20b. PLACE						evy Ch		lary I		
	1 Buriel 2 Cremetic	n 3 🗆 Rem		Green other p	eenmo									faryland
ŀ	21. SIGNATURE OF FUNERA	L SETUNDE DO	oken Non	nake	-			ND ADDRE	SS OF FAC	itchel				
	Denni	s Step	hen Xena	kis		6.5	500	York						and 21212
	23. PART i. Enter the d	Iseases, Dr	complications the	at caused the d								_		Approximate
	shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)		a. 9 m/n			al	he	m	080	horg	R	*		interval Between Onset and Death
Z	Sequentially list condi-	Sequentially list conditions, a. 9 mc consequence of: b. Chrome obstudie Pulmonary disease												
ATIC	if any, leading to imme csuse. Enter UNDERLY	diate	DUE TO	(OR AS A CONSE	EOUENCE O	F):					1			
JEI	CAUSE (Disease or injuthat initiated eventa	ary	c. DUE TO	(OR AS A CONSE	EOUENCE O	F):								
CERTIFICATION	resulting in death) LAS	T L	d											
	PART il. Other significa	ent condition	a contributing to	death but not	resulting	In the un	derlyin	g ceuse	given in	Part i. 24e	. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL					_					10	YES 2			COMPLETION DF CAUSE OF DEATH?
										_				1 U YES 2 NO
ÿ														•
걸	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	1 :			eck only one)				
PHYSICIAN:	1 YES 2 NO		1 Inpatient 2		3 DOA	4 🗆 Nun	sing Hor	JURY AT	esidence	a Other (Sp. 28d. DESCRIE		IIIBA OCCI	IBED	
	1 Natural 5	Pending Investigation		Day, Year)		JURY	W	YES 2	□ NO	aud. Degorite		0000		
D BY	Ž Accident 3 Sulcide 8	Could not be	28e. PLACE	OF INJURY — At h	nome, farm,	street, fact	ory, offic	ce .		281. LOCATIO	N (Street en	d Number o	r Rural Ro	oute Number,
	4 Homicide	determined	Juliang	, assa (apacity)	_					City or 10	wn, State)			
COMPLETED	onel only		ICIAN: To the best of ER: On the basic of o											end manner ee stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	Tripo	man	ren	ù		29c. LIC	30	661		29d. OATE	SIGNED	(Month, Gay, Year)
임	30. NAME AND ADDRESS OF REES H	F PERSON WI	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Type	Hau	100	- 0	que	- TO	0050	an	7	
ŀ	31. DATE FILED (Month, Day,	Ybar)	32. REGISTR	AR'S SIGNATURE			_	TV	7	41	40	1		
	ADD	4 199		avidson-A	Andr. Si									
	7177	- 127 - 127	CHERRY	made to the same	11017 4			_						DHMH-16 Rev 1/89



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AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		if them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	31 11105		
1. DECEDENT'S NAME (First, Middle, Last, JOHN 4. SOCIAL SECURITY NUMBER 190 10 3490 90. FACILITY NAME (II not institution, give	5. SEX 6. AGE (In yrs. 128 M 2 🗆 F 73	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	2. DATE OF DEATH MONTH DAY 7. DATE OF BIRTH (Month, Day, Year)	S. BIRTHPLACE (State or Foreign Country) 9c. COUNTY OF DEATH		
RESIDENCE OF DECEDENT 10e, STATE 10e, STREET AND NUMBER 11. MARITAL STATUS 1 Never Merried Never Merri	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION STREET AND NUMBER 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10f. ZIP CODE 10g. CI 10						
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (Type/Print)			16. MOTHER'S NA	16b. KIND OF BUSIN	MO MARRIS		
iMMEDIATE CAUSE (Fine) disease or condition	ICENSEE	death. Do not anter time.	AME AND ADDRESS OF FI AND CHAR BOO HARE he mode of dying, such	MILITY POR ROAD Ch as cardlac or respire	ATION — City or Town, State LOGILL PARVIAGO PARVIAGO PARVIAGO Approximata Interval Batween Onset and Death ACO Sec.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON	ISEOUENCE OF): ISEOUENCE OF): S CLYCO	CAP SIS	cloysi	10grs 20grs		
PART II. Other algorificent conditions of the co	ons contributing to death but no contributing	or resulting in the und	eriying cause givan in	Part i. 24e, WAS AN A PERFORM	MED? AVAILABLE PRIOR TO COMPLETION DE CAUSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJURY - A	28b. TIME OF INJURY M	ng Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW IN.	JURY OCCURED Ind Number or Rural Route Number,		
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON W	Tresto A	Vor Investigation, in my op		e lime, date and place, end	per as stated. Idue to the couse(e) and manner ee stated. 29d, DATE SIGNED (Month, Day, Year)		
31. DATE FILED (Month, Day, Year) APR 2.4 1991	32. REGISTRAR'S SIGNATUR	TE LORGE	· · · · · ·	to vode	July 411		

DHMH-16 Rev 1/89

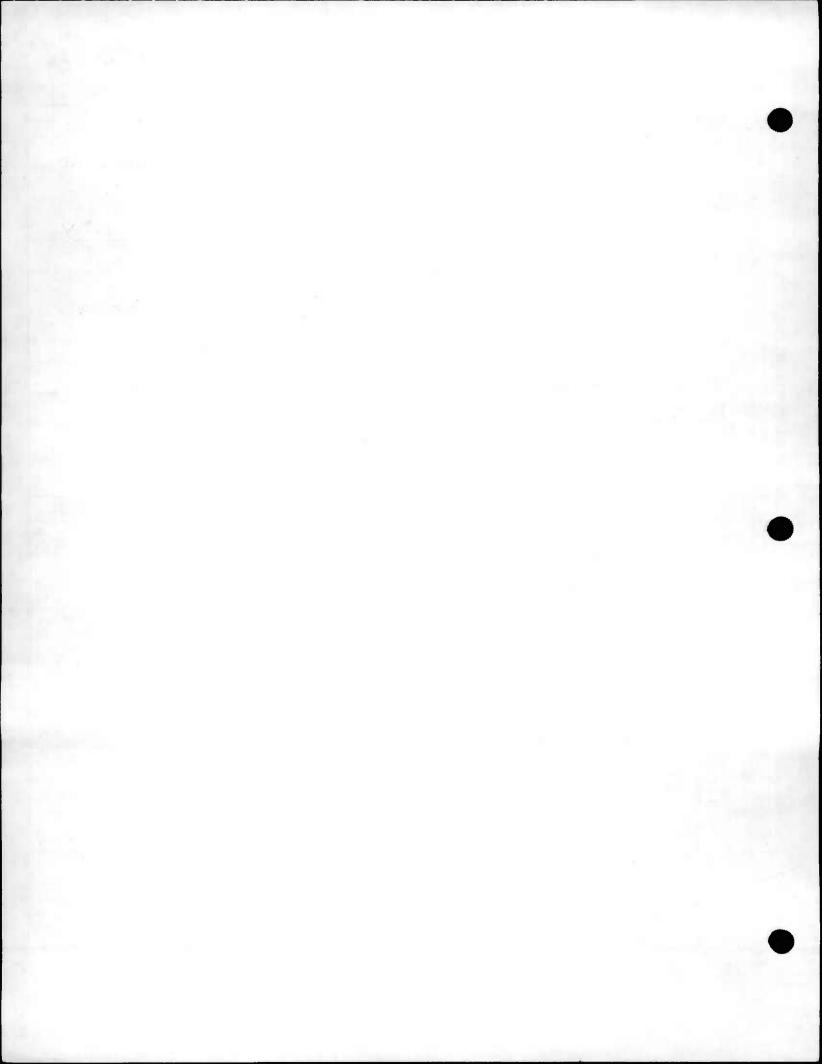


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Theorem of the funeral director, page 5 should be detached for use at the burial-fransit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental hypene prior to burial, remarkin, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF						YGIENE EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Robert		WOODS	S	ال	R.		Apri		1995	3.	1:05 p m			
	4. SOCIAL SECURITY NUMBER 216-12-7905		E (In yrs. last birthday) VRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da		~ 6	OUNTRY)	- 14			
E	90. FACILITY NAME (If not institution, give s FRANKLIN SQUARE					RLOCATIO		ATH		9c. COUNTY	OF DEAT	H 101			
5	RESIDENCE OF DECEDENT											PLACE (Store or Foreign TO. MD EATH timore 10d. Inside City Limits? 1 Yes 2 No Phat Country? A. American Indian, White, etc. Y. HITE wn, State Macyland 21093 Approximate interval Batwaan Onset and Deeth			
DIRECTOR	MD. BAL	-Timore		r, town or psedo		ION						LIMITS?			
FUNERAL	100. STREET AND NUMBER 2111 E. Boundar	v Ave	-		101	ZIP COOE					OF WHA				
FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 2 YE	S 2 NO	If	WAS DEC	ENDENT O	F HISPAN	n, Puerto Ricar	ORIGIN? (Specify Yee or No — 14. RACE — American I uerto Rican, etc.)						
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE WAR OR		1 YES 2 THO Specify: Specify: WHITE							ITE				
COMPLETED	(Specify only highest grade	(Give kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION Also kind of work done during most of working B. DO NOT use retired.) STECL WOYKEY 16b. KINO OF BUSINESS/INDUSTRY STECL												
Ö	17. FATHER'S NAME (First, Middle, Lest)	0					ME (First, Middl								
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Robert Thomas Woods SR. Robert Thomas Woods SR. Robert Thomas Woods SR. Robert Thomas Woods SR. Robert Thomas Woods SR. 196. INFORMANT'S NAME (Prist, Middle, Mallore, Surreit) Family Records															
	20e, METHOD OF DISPOSITION 20														
	21. SIGNATURE OF FUNERAL SERVICE LI		22 1	LANE AL	D ADDRES	OF SA	OIL CON								
	EVANS Chapel of Chimes 23 PART Filer the diseases or complications that caused the death Do not exist the mode of dates used to excellent a resolution and the death Do not exist the mode of dates used as explication are still accordance.														
	ehock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arrhythmia										interval Batwaan				
Z	DUE TO (OR AS A CONSEQUENCE OF):														
CATIO	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	S A CONSEQUENCE O	IF):												
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE C	F):											
2	PART II. Other algolificant condition	ne contributing to death	but not resulting	In the un	darivin	ceuse o	ni nevic	Part I. 24	a. WAS AN	AUTOPSY	24b. WI	RE AUTOPSY FINDINGS			
CAL		entia							PERFOR	MED?	AM	AILABLE PRIOR TO IMPLETION DF CAUSE			
PHYSICIAN: MED	Нуре	ettension							YES 2	X					
ä															
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Carriella a Flaga	OTHER	3:			eck only one)							
HYS	1 YES 2 XNO 27. MANNER OF DEATH	1 X Inpatient 2 ER/O	Y 26b. TII	AE OF	28c, INJ	URY AT	sidence	6 Other (S)		JURY OCCUR	ED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) IN	JURY M	1 🔲	PRK7 YES 2] NO		A-5 1 - 1 - 1						
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	IRY — At home, farm, pecify)	street, facto	ory, offic	•			ON (Street a bwn, State)	nd Number or I	Rural Flout	e Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated.														
BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICI	ENSE NUI	REB		29d. DATE SI	SNEO (M	Approximate interval Batwaan Onset and Death 24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
2															
	31. DATE FILED (Month, Day, Year) APR 2. 4. 1991	32. REGISTRAR'S SI	IGNATURE And ARC	NIII	oqui	uje L	<u> </u>	υαι	C TINU	עויו פ	۷,	LU1			
	111111111111111111111111111111111111	Marion transfer													



BALTIMORE, MARYLAND 21215-0020

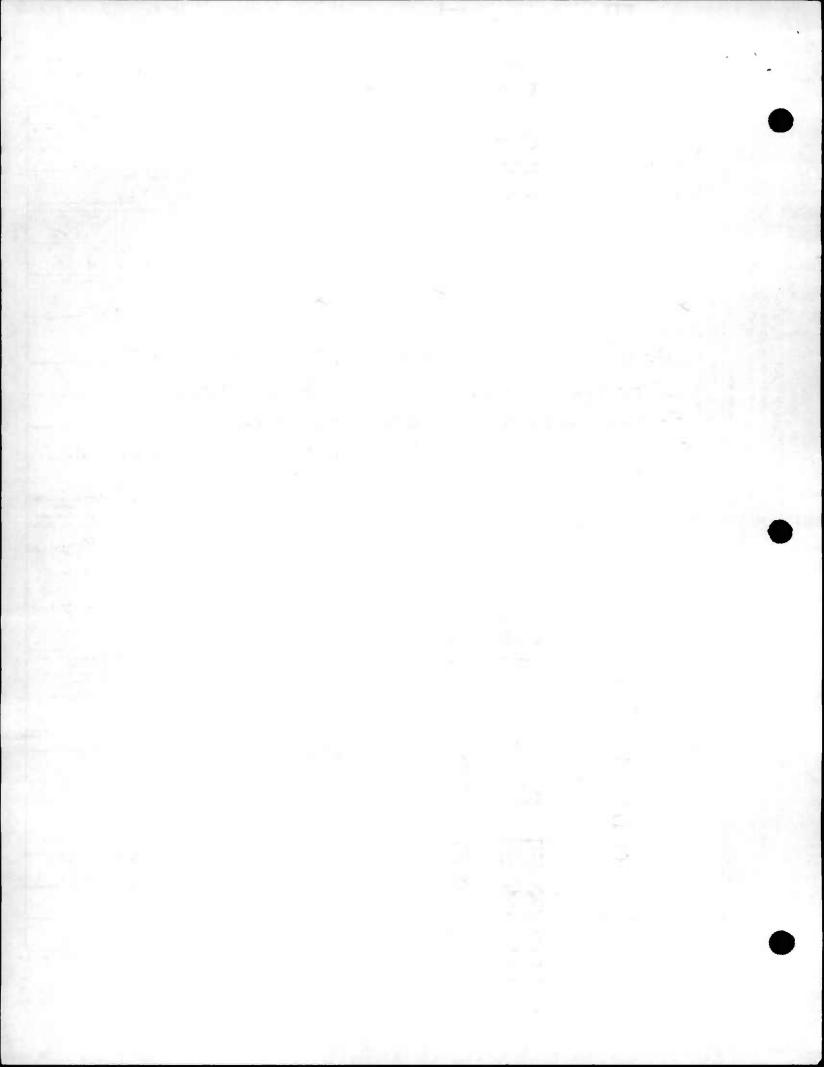
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALTH AN	D MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH						
	LEROY W	HIPPO 126	Roy A.	WHIPPO	MONTH D	2 91	1030 AM						
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HF	44 - H D - H - 1	8. BIR Cou	TNPLACE (State or Foreign						
i	213-01-5\$15	1 M 2 - F	3 YRS.	ONTHS DAYS HOURS MI	6-20-0		l'A.						
	9a. FACILITY NAME (If not institution, give st		9	b. CITY, TOWN OR LOCATION O	FOEATN	9c. COUNTY OF	DEATN						
O.	SI. 701E1H	HOSPITAL		Towso,	N	BA	. 673						
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCATION			10d. INSIDE CITY						
<u>E</u>	Md BAI	imors		ALTO	nekvills		LIMITS?						
ا بـ	10s. STREET AND NUMBER			101. ZIP CODE	1000	10g. CITIZEN OF	WHAT COUNTRY?						
E	2914 PUTT	HILL R	d .	5123	4	u.	1.1.						
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U	S. ARMED	13. WAS DECENDENT OF NI	SPANIC ORIGIN? (Specify Yes	or No.— 14. RA	CE American Indian, ick, White, stc.						
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		1 YES 2 NO S	xican, Puerto Rican, stc.) ec/ly:	Sp	ecity:						
		L.			T	I V	WITE						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of wor life. Do NOT use	k done during most of working	16b. KIND OF BU	SINESS/INDUSTRY							
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Coc	11-	Glani	Oras							
<u>8</u>	17. FATHER'S NAME (First, Middle, Last)		ITH	18. MOTNER'S	NAME (First, Middle, Maiden	Surname)	111, CO.						
	CHARLIS	LUHIPP	00	Bs	III RV								
BE	19a. INFORMANT'S NAME (Type/Print)	1,52,011	1	DORESS (Street and Number or R	ural Route Number, City or Tow	n, State, Zip Code)							
임	FAMILY KEE	ORDS	SA	ms As Ac	SOVE								
	20e, METNOD OF DISPOSITION					CATION City or	Town, Slate						
	Surfal 2 Cremation 3 Removal from State Scientific of Company of Comp												
	21. SIGNATURE OF FUNERAL SERVICE CENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY												
	Frank to cham, h 8300 HARFORD RUAD-PARKVILLE												
		omplications that caused t			such as cerdiec or resp	iratory arrest,	Approximata						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	disease or condition reaulting in deeth)	CARDIO PUL	bruken	4 MNHST			414						
		DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	ONSEQUENCE OF):		_								
8	Sequentially list conditions,	2. V.LL becomp	14 F	RICURE			442						
ĒΙ	if any, laading to immediate cause. Enter UNDERLYING	Place landia	ONSECUENCE OF):	P. Karris			1000						
윤	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A C	ONSEQUENCE OF):	173744 0			1091						
CERTIFICATION	resulting in death) LAST	d											
	DATT Is Other significant condition	a anatoliusian ta danti but			12 5 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
정	PART II. Other significent condition	g contributing to death out	not reauting in	the underlying ceuse give	n in Part i. 24a. WAS AF PERFO		4b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
					1 TYES	2 NO	DF DEATH?						
Σ							1 TES 2 NO						
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATI	(Check naly one)								
딣	EXAMINER?	HOSPITAL:		OTHER:									
Ĭ	27. MANNER OF OEATH	26a. DATE OF INJURY	28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE NOW	INJURY OCCURED							
BY P	1 Natural 5 Pending	(Month, Day, Year)	INJU	WORK? M 1 TYES 2 NO									
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Specify		eet, factory, offica	28f. LOCATION (Street City or Town, State	and Number or Run	al Route Number,						
	4 Nomicide detarmined					,							
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowled	ige, death occurred	at the time, data and place, and	I due to the cause(a) and ma	nner se stated.							
8	Concile only one) Check only one) Chec												
	29b. SIGNATURE AND TITLE OF CERTIFIE	1 . 0	RITER	29c. LICENSE	NUMBER	29d. OATE SIGN	EO (Month, Day, Year)						
380	Beal d. Ken	pen f- hed	pites 1	cime Do	5917	1 41	22/91						
유	30. NAME AND ADDRESS OF PERSON W	-4											
		ST- Rue 107		ACTO. MO	21201								
	31. DATE FILED (Month, Day, Year) ADD 9 / 1001	32. REGISTRAR'S SIGNAT	URE										
	MFK 64 1331 4	CALL MICHIGORA A CALL											



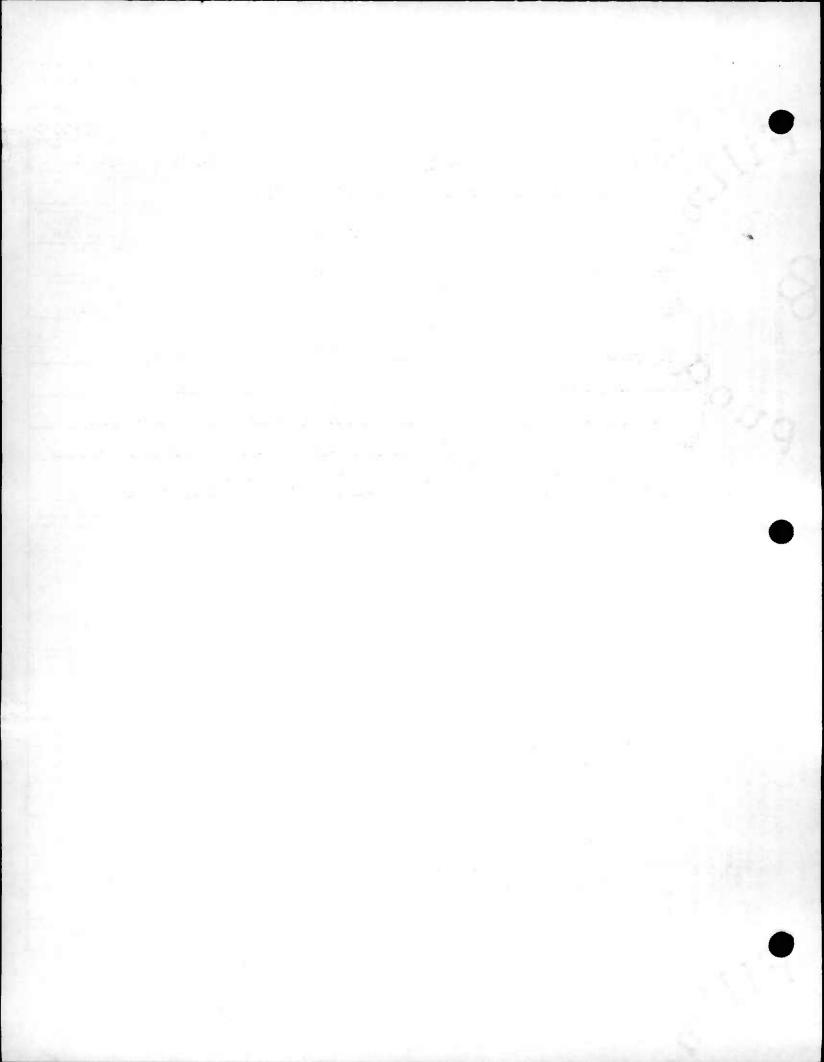
ACOUNTY OF COLUMN AND ACCOUNTY	
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-transiting	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗸 nours after death. Page 6 may be retained by the hospital or attending physician.

APR 2 4 1991

							9	1 11165				
	FOR STATE REGISTRAR	STATE OF MARYI		ITMENT OF I			GIENE G. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE.	ATH DAY Y	3. TIME OF DEATH				
	RUTH WARD						-19-91	11:20 P				
	4. SOCIAL SECURITY NUMBER 216-07-4901		(In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURIE MIN.	7. DATE OF BIR (Month, Day, 5	15	BIRTHPLACE (State or Foreign Country) Maryland				
OR	9a. FACILITY NAME (If not institution, give st Church Hospit		ation		more Ci		9c. COUNTY	OF DEATH				
ᄓ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10e CIT	Y. TOWN OR LOCA	TION			10d. INSIDE CITY				
DIR	MD			Baltimo	ore City			1 A YES 2 NO				
FUNERAL DIRECTOR	100. STREET AND NUMBER 1108 Hewitt Way				1. ZIP CODE 21205		,	USA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 WNO	If yes, s	CENOENT OF HISPAI Decify Cuben, Mexico 3 2	en, Puerto Rican,		RACE — American Indian, Black, While, alc. Specify: White				
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATE work done during m se retired.)	ON ost of working	16b. KIND	OF BUSINESS/INDUS	TRY				
MP	7th grade Homemaker Homemaking											
BE CO	17. FATHER'S NAME (First, Middle, Lest) John C. Miller Carrie Fitch											
TO B	19e. INFORMANT'S NAME (New Ford) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	200. LOCATION — City or Town, State											
	Bultimore National Cem. Baltimore, Maryland											
	21. SIGNATURE OF VINERAL SERVICE ALI	ENSEE	p11	22. NAME /	ND ADDRESS OF FA	ACILITY		or floar, raile				
- 1	Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 21236											
	23. PART I. Enter the diseases, or o							t, Approximate				
	ahock, or heart failure. IMMEDIATE CAUSE (Final							Interval Between Onset and Death				
	disease or condition resulting in desth)	BUESPIA	ACONSEQUENCE (INSW	FILIER	NY						
Z	DUE TO (OR AS A CONSEQUENCE OF): COPD											
CERTIFICATION	Sequentielly liet conditions, If any, leading to immediate											
IFI	CAUSE (Disease or Injury that initiated events CANCEY DUE TO (OR AS A ©ONSEQUENCE OF):											
ERI	resulting in death) LAST	. ASHD		-								
MEDICAL	PART II. Other aignificent condition	e contributing to desth	but not resulting	in the underlyl	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ÿ								<u></u>				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C		9.					
ΙλS	1 YES 2 NO 27. MANNER OF DEATH	1 Sinpatiant 2 ER/OL			me 5 - Residence	7	HOW INJURY OCCU	BED				
BY PI	1 Natural 5 Pending	(Month, Day, Year,		IJURY W	ORK?	280. DESCRIBE	. HOW INJUNIT OCCU	neb				
	2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Burst Bouts Number)											
1	4 Homicios determined											
OMPLETE	29e. CERTIFIER Check only	ICIAN: To the best of my kno						i. cause(a) and menner as stated.				
TO BE COMPLETED	29e. CERTIFIER Check only	ER: On the basis of examinat	ilon and/or investigat	lon, in my opinion,	death occured at the	e time, data and p	place, and dua to the					

N. BLODWAT

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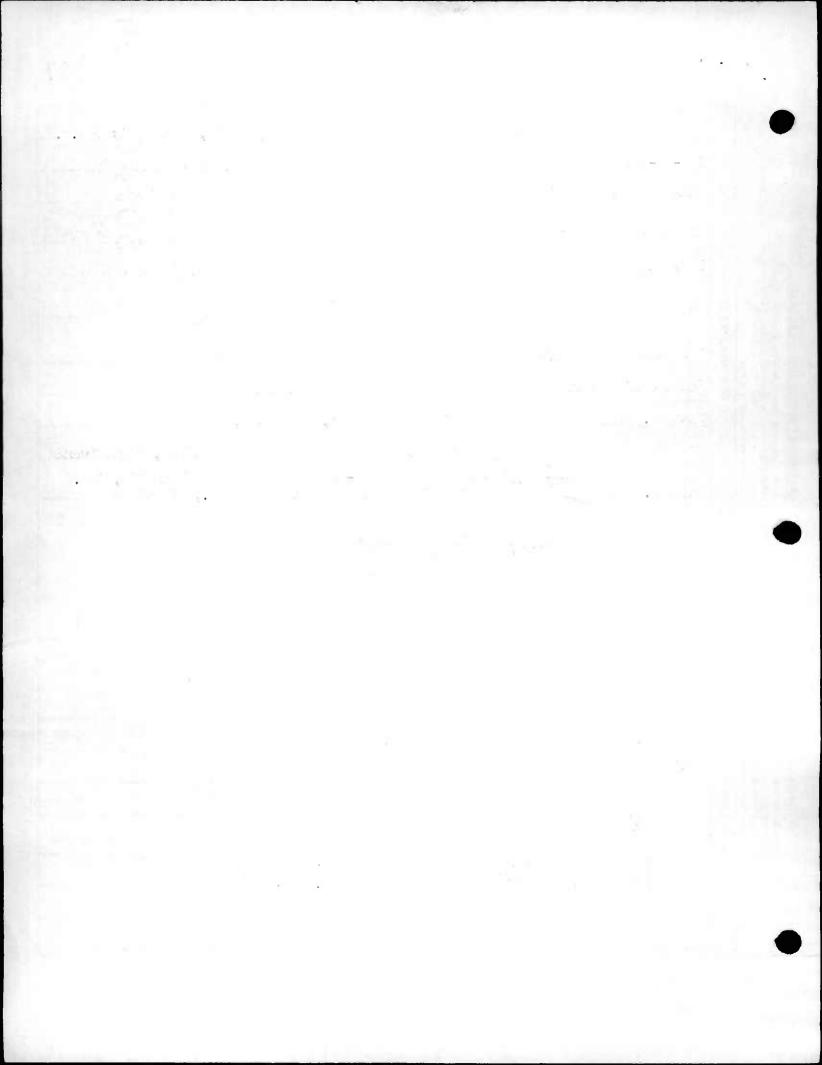
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH		MENTAL HYGIE		<i>J</i> !	11100				
	1. OECEOENT'S NAME (First, Middle, Las- Henry	WINKE	LMAN				2. OATE OF OEATH MONTH April	DAY 19, 199	YEAR	6:30 pm				
	4. SOCIAL SECURITY NUMBER		3 YRS.		YEAR IF UNDER	R 24 HRS. MIN.	7. OATE OF BIRTH		6. BIRTHPLA	CE (State or Foreign				
OR	9a. FACILITY NAME (If not institution, give Franklin Square			9b. CITY, 1	Rossvi		EATH							
FUNERAL DIRECTOR	THE SIDENCE OF DECEDENT 10a. STATE 10b. COUN 10b. COUN	Saltimore	10c. C	Esses					100	1. INSIDE CITY LIMITS?				
ERAL	10e. STREET AND NUMBER 401. Torner F	load			10f. ZIP COD	22 1			ZEN OF WHA					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN U.S. ARMED S 2 NO DATES	lf :		an, Mexica	NIC ORIGIN? (Specify in, Puarto Rican, atc.)	Yes or No-	SS/INDUSTRY 10. COUNTY OF DEATH Baltimore 10d. INSIDE C. LIMITS? 1					
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) Collaga (1-4 or 5+)	(Give kind o	's usual occ f work done du use retired.) Crane	CUPATION uring most of work	ing D r	100	Steel.						
BE COM	17. FATHER'S NAME (First, Middle, Last) William Winkelman 18. MOTHER'S NAME (First, Middle, Maiden Surname) Louise Milk													
2	19a. INFORMANT'S NAME (Type/Print) Patricia Ann Plummer Baughter 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2614 Baisy Ave. Baltimore, Maryland 21227													
	20a. METHOD OF DISPOSITION 1 Burisi 2 Committee Temporal from State 4 Consider place) 20b. PLACE OF DISPOSITION (Name of comotory, crematory or other place) Creen Mount Cemetery 20c. LOCATION — City or Town, 10 other place)													
	22 NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, Md. 21221 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between interval Between													
	ahock, or heart failure immediate Cause (Final disease or condition resulting in death)	Ventric		achyc		ying, suc	such as cardiac or respiratory arrest, Approximate interval Between Onset and Desth							
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury).													
ERTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.													
CAL	PART II. Other significent conditi	ons contributing to death	PER	AN AUTOPSY FORMED?	AM CO DF	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF	OEATH (C	heck only one)							
BY PHYSICIAN: MED	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Ninpatient 2 ER/O	Y 28b. T	4 🗆 Nursi	ing Home 5 S 5 28c. INJURY AT WORK?	Residence	6 Other (Specify) 28d. OESCRIBE HO	W INJURY OC	CUREO					
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	ry, office		281. LOCATION (Str. City or Town, St		or Rural Rout	Approximate interval Between Onset and Desth O							
COMPLET	CONTOUR OWN	YSICIAN: To the best of my kn INER: On the basis of examine								nd manner as stated.				
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER 296, LICENSE NUMBER 296, LICENSE NUMBER 296, DATE SIGNEO (Month, Day, Year) N/A													
	C. Hammett M.D. 9000 Franklin Square Drive Baltimore Md 21237													
	APR 2 4 199	12 REGISTRAN'S SI	GNATURE OF THE STATE OF THE STA											

THE PART OF THE PART AND THE PA add sello Things the Dyna Common and a part of the will be and agree opening a region of these reses to the most of the first of

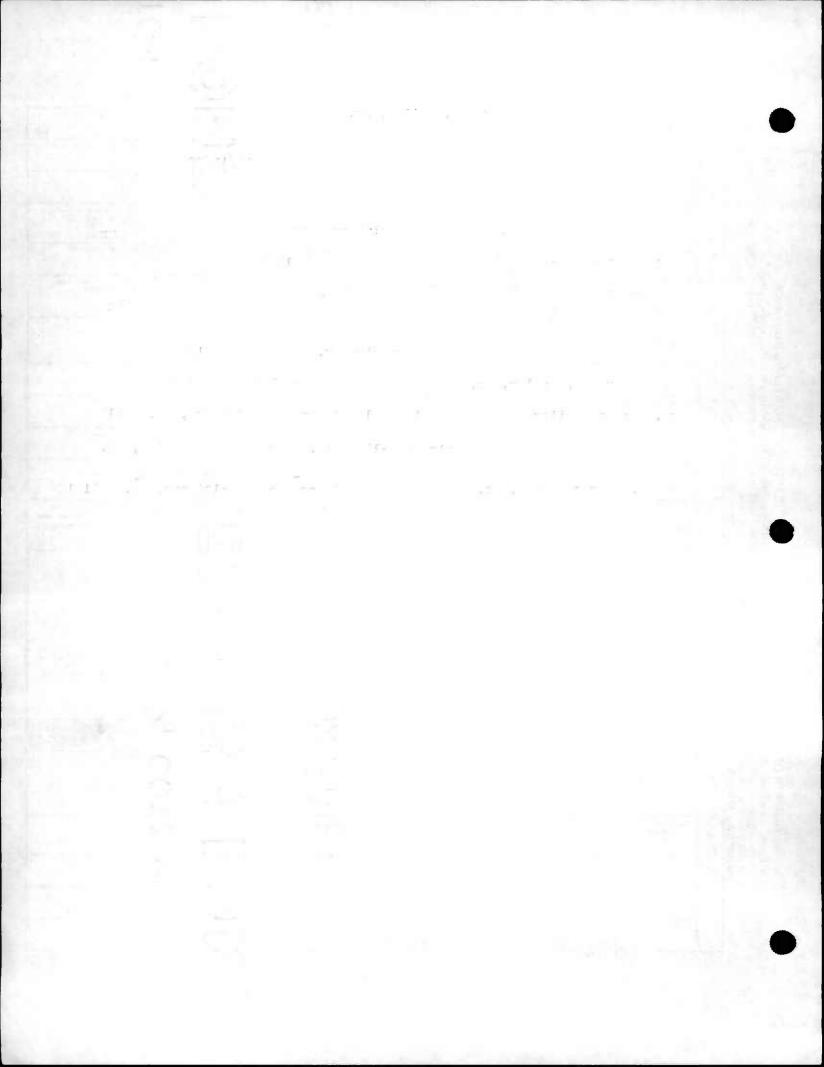
rmit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR						YGIENE EG. NO.			
	1. OECEOENT'S NAME (First, Middle, Las	nt)						2. DATE OF 1			3.	TIME OF DEATH
	KATHR	YN SOPHIE WES	OLOWSKI					April		1991	EAR 7	:35 a.m. M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De	BIRTH v. Ybar)	8.	BIRTHPLA Country)	CE (State or Foreign
	178-05-2326		90 YRS.					May 15	. 190			ylvania
m	90. FACILITY NAME (If not institution, give					R LOCATIO	N OF DE	ATH	_	9c. COUNTY		
Ď.	Meridian Heritag	e Nursing Homo	e	Vu	ında	<u>Lk</u>				Balti	more	
E	10e. STATE 10b. COUR		10c. CIT	Y, TOWN O	R LOCATI	ON			_		100	1. INSIDE CITY LIMITS?
₫	_	ltimore	Dun	dalk								YES 2XXNO
FUNERAL DIRECTOR	10e. STREET AND NUMBER					ZIP CODE			1			COUNTRY?
NE I	7600 Meadow Way	12 WAS DECEDENT EVED I	N II S ADMED	42.1		21222		IC OPIGINO (C			-	tates
BY FU	1 Never Merried 2 Married 3 Wildowed 4 Olivorced	Never Merried 2 Married FORCES7 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) FYES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:								Black, WI Specify:	hite	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	15. DECEDENT'S EDUCATION 16.0. DECEDENT'S USUAL OCCUPATION 18.0. KING OF BUSINESS/INDUSTRY										
	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.]											
MP.	8 years n/a Looper Textile											
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	190. INFORMANT'S NAME (Type/Print)	ine unknown Route Number, City or Town, State, Zip Code)										
2	Terry M. Kozel 7600 Meadow Way, Baltimore, MD 21222											
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	emovat from State	b. PLACE OF DISPO	SITION (Na	me of cerr	etery, crem	atory or		20c. LOCA	TION — City	or Town,	State
	4 Donation 5 Other (Specify)	- 1	All Sain	to Ce	mete	ry			Elys	burg.	Pen	nsylvania
	4 Donation 5 Other (Specify) All Saints Cemetery Elysburg, Penn 21. SIGNATURE OF FUNERAL SERVICE LICENSES Prian T. Chisholm 22. NAME AND ADDRESS OF FACILITY Puda—Ruck Funeral Home of Dundalk, 7922 Wise Avenue Balta, MD 21772 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cardiac or respiratory errest,										, Inc.	
	23. PART i. Enter the diseases, o	or complications that cause	d the death. Do	not antar	tha mod	da of dyl	ng, auch	sa cardiac	or respira	tory arres	7 1 7 7 t,	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Resource of the constant o											
		DUÉ TO (OR AS A	A CONSPONENCE O	F):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Due To (or As A consequence or):											
CAT	cause. Enter UNDERLYING											
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
띩	resulting in death) LAST											
CAL										RE AUTOPSY FINDINGS		
								11	YES 2	NO NO		MPLETION OF CAUSE DEATH?
ME								_			1[☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL				00 PI	105.05.0					<u></u>	
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	netlent 3 🗆 DOA	OTHER	1 :			eck only one)	na official			
H	27. MANNER OF OEATH	28s. OATE OF INJURY	28b. Til	AE OF	26c. INJ	URY AT	siderice	6 Other (Sc 28d, DESCRI		URY OCCUP	RED	
ВУР	Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	IN	JURY	1 🗌 Y	ES 2	NO					
	3 Suicide 6 Could not I		Y — At home, farm,	street, fact	ory, office			26t, LOCATIO	ON (Street end	d Number or	Rural Route	n Number,
E	4 Homicida determined											
COMPLETED	ana)	YSICIAN: To the best of my know INER: On the basis of examination										d menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIF	FIER A A				290-LICE	NSE NUN	BER /		29d. DATE S	IGNED (Mo	onth, Day, Year)
O BE	heal	Palleys					0	164	5	>		
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day, Year)	22 050000000000000000000000000000000000	MATTINE									
		32. REGISTRAR'S SIGN	10									
_	APR 2 4 1991	A Markettanham	Marina P									DHMH-16 Rev 1/89



OHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			NTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER	ZEILET	in yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF DEATH MONTH L 2 OATE OF BIRTH (Month, Day, March)	9 YEAR	3. TIME OF DEATH 5 3 0 A HPLACE (State or Foreign				
OR	215-28-2486 90. FACILITY NAME (If not Institution, give : ST. JOSEP 1+ HUSE	1 M 2 F street and number)	GO YRS.		PR LOCATION OF DEATH	(Month, Day, Year) 12/11/30	BALT	MD				
DIRECTOR	10a. STATE 10b. COUNT	Y		own or Local			10d. INSIDE CITY LIMITS? 12 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 6120 Edlynne R	oad		101	21239	1	og. CITIZEN OF	WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (NO	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Mexican, F 2 NO Specify:	ORIGIN? (Specify Yea or Puerto Rican, etc.)	CE — American Indian, ck, Whita, etc. c/b/: 11 te					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT'S US (Give kind of wor life. Do NOT use of Traf	done during mo	ist of working	186, KIND OF BUSINI						
ш	17. FATHER'S NAME (First, Middle, Last) Andrew G.	Zeiler, Sr.				(First, Middle, Meiden Sur lise Enger:						
TO B	P 196. INFORMANT'S NAME (Type:/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip 6120 Edlynne Road Baltimore, Md.											
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cramation 3 Ramoval from State 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of Commandation of											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY MITCHELL—WIEDEFELD HOME, INC. 6500 York Road Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest.											
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ory errest,	Approximata Interval Betwee Onset and Deat									
ERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
: MEDICAL C	PART II. Other significent condition	na contributing to death b	ut not resulting in	the underlyin	g ceuse given in Pa	PERFORME	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Check							
	1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending	1 Sinpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT 2 DRK? YES 2 NO	Other (Specify) 8d. DESCRIBE HOW INJU	URY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec		NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	one)	SICIAN: To the best of my know IER: On the basia of axeminatio						o(s) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER											
2	39. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	C, 76 20 YORK RD, TOWERN, MD21204									



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	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF				YGIENE EG. NO.		1	11169				
	1. DECEDENT'S NAME (First, Middle, Last)	Millard H.	Zepp Sr				2. DATE OF I	DE OTH DA	5/	YEAR 3.	TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	· Lest	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 MDS	7. DATE OF	20 HRTH	2/9	7/	ACE (State or Foreign				
8	2 4 - 2 2/2/	BM2 OF	79 YRS.	MONTHS DAY		MIN.	Month Da	01/	2	Country	Z ; sam o rongi				
	9e. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY, TOW	OR LOCATIO	ON OF DEA	тн /	11	9c. COU	INTY OF OEA	TH .				
5	St. Joseph 2	HOSDIT	A	Tows	on		×		Bal	timore	9				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CFT	Y, TOWN OR LO	ATION					10	od. INSIDE CITY				
	Md.			Baltimo	re					1					
3AL	100. STREET AND NUMBER 3212 Bayonne Avenue	_			101. ZIP CODI				_		AT COUNTRY?				
FUNERAL		2. WAS DECEDENT EVER	N II S ADMEN	12 WAS 1		214	C ORIGIN? (S	nanifu Yan	US	Y	10d. INSIGE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? CE — American Indian, ck, White, atc. Edy: Town, State Approximate Interval Between				
æ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes,		n, Mexican,	, Puerto Ricer		or No.	Whitev:	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? CE — American Indian, lick, White, atc. Dity: Town, State 21214 Approximate				
圓	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16 De NOT use retired.)									DUSTRY					
FE	Elementary/Secondary (0-12)	College (1-4 or 5+)	100 10001	- NO.			Roth	1 ohom	Stoo	1 Co					
COMPLET	12 Clerk Bethlehem Steel Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surmame)														
BEC	John Zepp Lula Pullen														
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
	Anna H. Zepp 3212 Bayonne AVenue Baltimore, Md. 21214														
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town,														
	April 24, 1991 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE VCENSEE 22. NAME AND ADDRESS OF FACILITY														
	rames f. Gla	dlew		Leona	nd J. F	uck In	nc. 530	5 Har	ford	Road 21	214				
	shock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death														
	disease or condition resulting in death) a. CARDIO NESS (RATORY MR NEST DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentielly liet conditions, If any, leeding to immediate b. CARDIAC DYRIA TMIA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
2	CAUSE (Disease or injury CARDIAL ARREST (VASOVABAL MENETION?)														
	that initiated events resulting in death) LAST														
	d.														
ICAL	144 NELTENSION	N : ARTEN	103 CLEY	2776 C	V DIS	tris E		PERFOR	MED?	Al	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE				
MED	INTRA ABDIONII							YES 2	∐ NO		F DEATH?				
Z.	ABDOMINAL AUX		/												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF 0	EATH (Chec	ck only one)								
PHYSICIAN:	1 VES 2 NO 1	Inpatient 2 ER/Our	Ipatient 3 DOA	4 - Nursing i	ome 6 Re	-	28d. OESCRI		HIBY OF	CUBEO					
	1 Netural 6 Pending	(Month, Dey, Year)		JURY	WORK?	M	NA	4	JUNI OC	COREO	E 53				
D BY	3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, ferm,	street, factory, o	Hice AA			ON (Street a	nd Numbe	er or Rural Rou	te Number,				
ETE	4 Homicide determined				, ,,		Only or R	wn, state)	N	A.					
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIA														
CO	2 MEDICAL EXAMINER:	On the basie of examinati	on end/or investigati	ion, in my opinio	, death occu	red at the ti	ime, date end	l place, en	d due to t	the cause(a) a	nd manner ee stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER) .			29c, LIC	ZY C	BER		29d. OA	Y = 2 7	fonth, Day, Year) L -9/				
	BUANDO P. L	AYUL ;	7620	o, Prine)	R	D. ,	tou	uson	M	0.21	120 y				
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIG	NATURE								CI				
	APKZ4 1991 dala	Davidnon-Admo	0.2								100				

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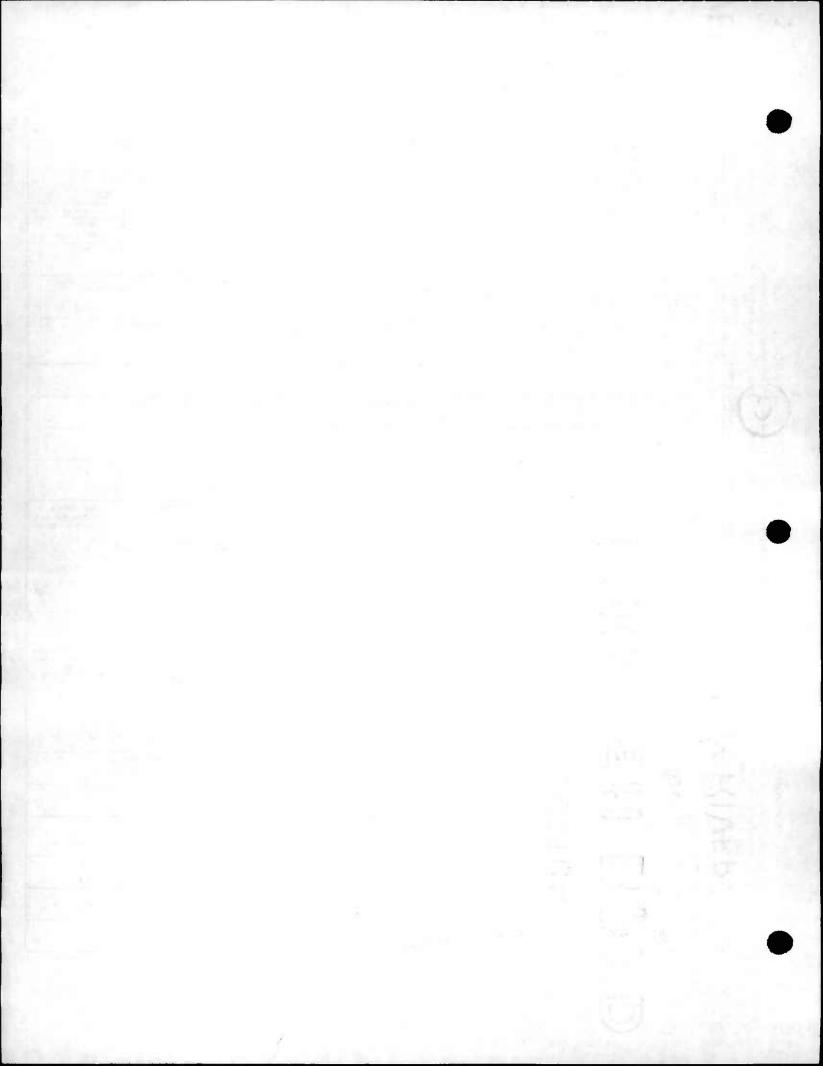
BALTIMORE MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91-1930-510 FOR STATE REGISTRAR

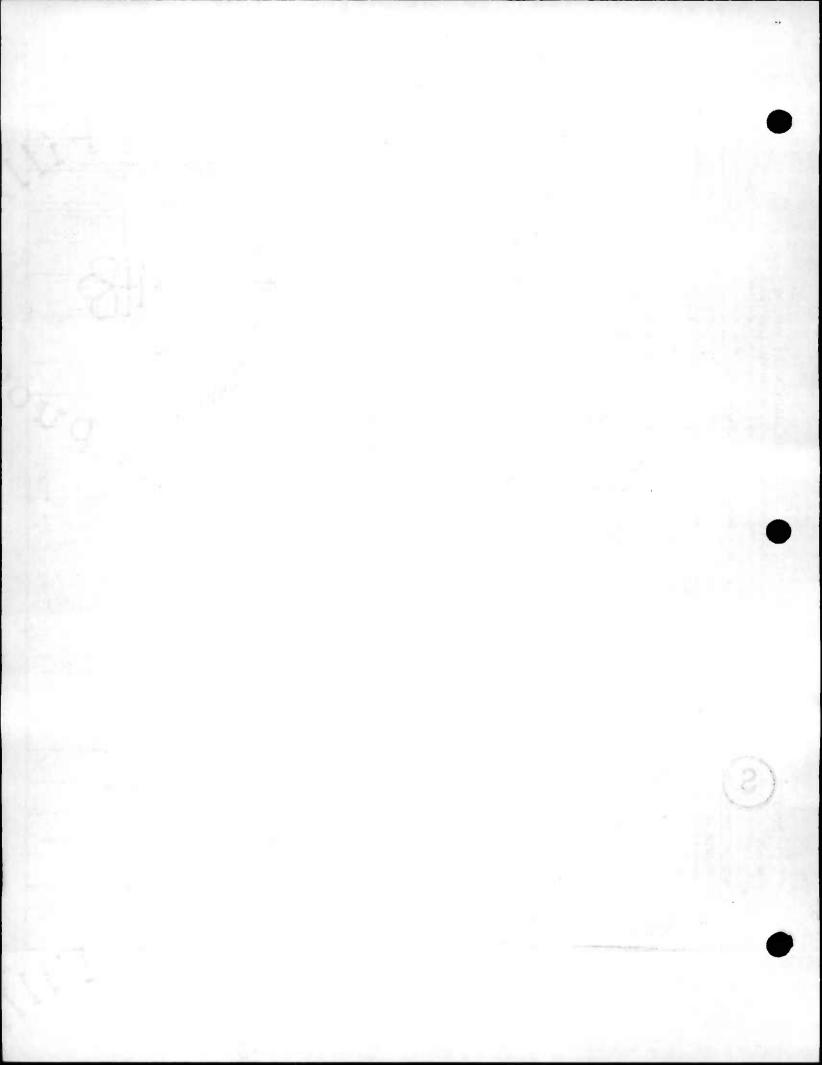
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)		В		ATK	INS			2. DATE OF D	DEATH DAY	199	YEAR	3. TIME OF DEATH				
WALTER									4				4:15P				
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF B (Month, Day 3-15-	y, Ybar)	6	Country	LACE (State or Foreign				
9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN	R LOCAT	ION OF DE	ATH		9c. COUNT	Y OF DE	ATH				
825 FREEMA		ET			BAL	TIMO	RE						NA				
10a. STATE	10b. COUNT	Υ		10c. CI1	Y, TOWN	OR LOCA	ION	-					10d. INSIDE CITY				
Maryland		NA			Balt	imor	e						LIMITS7 1 X YES 2 NO				
10e. STREET AND NUMBER	825 F#	eeman St	reet			10	. ZIP COD		225		10g. CITIZE	HAT COUNTRY?					
10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	Married	12. WAS DECEDEN	T EVER IN U.S. A			If yes, sp		OF HISPAN en, Mexicer	IC ORIGIN? (Sp n, Puerto Ricen		r No— 1	14. RACE — American Indian, Black, White, atc. Specify: White					
	EDENT'S EDU y highest grade		16a. C	ECEDENT'S Give kind of fe. Do NOT u	USUAL O	CCUPATI during mo	ON st of work	ing	16b, KIN	D OF BUSIN	ESS/INDUSTRY						
Elementary/Secondary (0-12)	College (1-4 or 5	+) "	le. Do NOT u	ise retired.)												
17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	THER'S NAI	ME (First, Middle	e, Maiden Su	en Surname)						
19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	G ADDRES	S (Street o	and Numbe	er or Rural F	Route Number, C	Olty or Town,	State, Zip C	tate, Zip Code)					
20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)										rn, Stata							
## Dorietton 5 Other (Specify) 1 State ## GENATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 21. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD																	
June	Ronald Wade, Dir STATE ANATOMY BOARD (1) (1) (2) (2) (2) (3) (4) (2) (4) (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4																
disease or condition resulting in death) Sequentially list condition if any, leading to imme		b.	OR AS A CONS	EQUENCE ()F):	asi	<u> </u>	Sanc	inlar	- 3	KSS	73,6					
cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing ury	c	(OR AS A CONS	EQUENCE O	DF):												
PART II. Other significa	ant condition	na contributing to	daath but not	resulting	In the u	ndariyir	g cause	given in	Part I. 24s	n. WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDING				
			PERFORMED? 1 YES 2 NO OF DE						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
			- 00	1													
25. WAS CASE REFERRED TEXAMINER? 1. YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		37		6 C Other (Sp	nactiv)							
27. MANNER OF DEATH	Pending Investigation	26a. DATE O		26b. TII		28c. IN	JURY AT ORK? YES 2		28d. DESCRI		JURY OCCU	JRED					
	building, etc. (Specify)								28f. LOCATIO City or To	ON (Street an own, State)	d Number o	r Rural R	oute Number,				
One)	2.7 (4.7 (4.5 (4.7))	BICIAN: To the best of											and menner as stated.				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29e. SIGNATUTE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Ann. Print)																	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. M. DIXO J 111 N. PENN STREET BALTIMORE, MARYLAND 21201																	
APR 25	1991	32. REGISTR	ar's signature	delle	* ,				18								



BALTIMORE, MARYLAND 21203-3146	The law requires that the death cartificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician. The law requires that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit.	e medical addition must be notined at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR AN HOUNG PAY CAN: The law requires that the death certificate be executed within and TO THE FUNEFALL DIRECTOR, For the completely fine befilled within 72 hours are formed to the filled within 72 hours.	IMPORTANT II from 22 to marked, or liem 23 shows any injury, or direct datimatic event, the injuried statement of principles at office.

	1 - STATE REGISTRAR	SIAIE UF N	IARYLAND / L CEI	JEPAH RTIF	ICATE	OF H	DEAT	AND N	MEN IAL	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		1	3. TIME OF DEATH		
	JOY K. A	VERETT							MONTH 04	1	4	91	7:30	рм	
- 8	4. SOCIAL SECURITY NUMBER	i, SEX	6. AGE (In yrs. lest t	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH			PLACE (State or For	olgn	
- 1	244-50-4221	□ M 2√ F	54	YRS.	MONTHS	DAYS	HOURS	MIN.		6.193	26	Country			
	9a, FACILITY NAME (If not institution, give stree	11	54		9b. CITY	TOWN O	R LOCATIO	ON OF DE		0,19.		NTY OF D	<u>h Caroli</u> EATH	na	
œ	JOHNS HOPKINS H				ВД	LTIM	IORE	CITY	,		B/	ALTIM	IODE		
읝	RESIDENCE OF DECEDENT	001 111111			D23	1111	IOKE	OTIL			DE	TULLE	IORE		
Ĭ I	10e. STATE 10b. COUNTY			10c. CIT	ry, TOWN C	OR LOCAT	CATION						10d. INSIDE CITY		
ā	N.C. Gran	ville			Oxfo:	rd							1 YES 2 NO		
\racksland	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
띪	Rt 4, Hwy 96 Nort	th				27565					II	USA			
FUNERAL DIRECTOR	11. MARITAL STATUS 1	2. WAS DECEDEN	T EVER IN U.S. ARM	ED								14. RACE Black	E — American India k, Whita, etc.	n,	
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W		,				Specify		tionii, etc.)		Speci			
8											l	White			
핃	15. DECEDENT'S EDUCA' (Specify only highest grade co	(G/vi	e kind of	work done	during mo	ON at of working	ng	16b.	KIND OF BU	ISINESS/IN	DUSTRY				
۳۱		•)	Do NOT use retired.)					D	- 1 17-						
N N	0-12 4 Appraiser Real Estate 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)														
O Nathandal D Down 11										st, Middle, Meiden Surneme) Babcock lumber, City or Town, Stele, Zip Code) N, C, 27565 20c. LOCATION — City or Town, State					
B	Nathaniel D. Burwell Josephine Babcock 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)											-			
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
	Mr. Ben Averett Rt 4, Hwy 96 N., Oxford, N.C. 27565												_		
	20a. METHOD OF DISPOSITION 1 Burlel 2 (X-cremation 3 Removal from State of Coats Crematory or Other (Specify) Coats Crematory Coats, N.C. 27521														
		SEE /	Coats	O L			ND ADDRE	SS OF FA	CILITY		oats	, IV,	6, 2/321	-	
	21. SIGNATURE AND ADDRESS OF FACILITY Gentry-Newell & Vaughan Funeral Home														
	Stuart Vaughan 3040NC P.O. Box 57, Oxford, N.C. 27565														
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line.														
	IMMEDIATE CAUSE /Float			\	1						100		Onset end		
	disease or condition reaulting in death) s.	Hep	ratic 8	ra.	INV	جو							1 month		
	reaulting in death) s. The formation of the formation										1	M			
Z	Sequenticity list conditions, DUE TO (OR AS A CONSEQUENCE OF):											14			
Ĕ	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												V.c		
길	CAUSE (Disease or Injury CAUSE (Disease or Inj												(K->		
Ē	that initiated events resulting in death) LAST Character was a consequence of: Lyman The consequence of: Lyman The consequence of:												the		
CERTIFICATION	resulting in death) LAST a. Chronic myelogenous leukemia 4 months														
												WERE AUTOPSY FI			
SICAL	Renal failure										COMPLETION DF (AUSE			
MEC	Gastrointestin	old la	eading	×									1 TES 2	10	
			ζ,)											
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UOCOITA!			Lande		LACE OF E	DEATH (Ch	neck only or	ne)					
SIC		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 □ Nu		ne 5 🗆 R	lesidence	6 🗆 Othe	er (Specify)					
표	27. MANNER OF OEATH	28a. DATE Of (Month, I	F INJURY Day, Year)	26b. TI	ME OF		JURY AT DRK?		28d. DE	SCRIBE HOW	INJURY O	CCURED		- 11	
ВУ	1 Natural 5 Pending 2 Accident Investigation				M	1 🗆	YES 2	□ NO							
ا م ا	3 Suicide 6 Could not be	26a. PLACE (building	OF INJURY — At hor, etc. (Specify)	ne, farm	, street, fac	ctory, offic	ca .			Or Town, State		er or Rural	Floute Number,		
ETE	4 Homicide determined														
2	29a. CERTIFIER (Check only	AN: To the best o	f my knowledge, des	nth occu	rred at the	time, data	and plac	e, and due	e to the ca	use(s) and m	enner as s	tated.			
COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as state											tated.			
В	29h SIGNATURE AND TITLE OF CERTIFIER				29c. LIC	ENSE NU	MBER		29d. D/	ATE SIGNE	D (Month, Day, Year)				
0	MASSIM							29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ### All Y Q							
2															
	Marshall JGlesby MD Jover 110 Johns Hopkins Hospital														
	31. DECOMONOS DACES	33 REGISTA	AR'S NEMERINE	Sy			1								
1	144.0														



be notified at once.

BALTIMORE, MARYLAND 21215-0020

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RAT	RECT	urs a	E 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN TRANS INDIVIDED TO THE HOSPITAL OF EXECUTED WITHIN 29 FOURS after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certification and signed by the attending physician and completely filled in by the funeral director,	2 10	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
II de	NER	hin 7	H
1	E.F.	F	HTA
O TH	O TH	e file	MP0
F	=	Φ	_

	1 - FOR STATE OF REGISTRAR			RTMENT OF			IENTAL HYGIENI REG. NO.	E	J					
STATE OF	1. DECEDENT'S NAME (First, Middle, Last)	D D-			70		2. DATE OF DEATH MONTH DA		/EAR	3. TIME OF DEATH				
	Raymond 4. social security number 5. sex A 705 09 6231 1 ☑ M 2 □ F	E . Be 6. AGE (In yrs. It 88	ennama est birthdey) YRS.	MONTHS DAYS	HOURS	MIN.	4 23 7. DATE OF BIRTH (Month, Day, Year) 4-4-1903		Countr	9:00 P. N PLACE (State or Foreign y) yland				
TOR	9a. FACILITY NAME (If not institution, give street and number) 1439 Patapsco Street RESIDENCE OF DECEDENT			Balti		Cit		9c, COUNT						
DIRECTOR	Maryland ======			ry, town or Loc ltimore	ATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 1439 Pataposco Street				101. ZIP COD 21	.230			S.A	WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECED FORCES? IF YES, GIVE		If yes,		n, Mexican	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No- 1	4. RACE Black Speci	- American Indian, k, Whita, etc. fy: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5th Grade	5+)	(Give kind of lie. Do NOT (s usual occupa work done during use retired.) Side Che	nost of world	ng	B. & (ad				
	17. FATHER'S NAME (First, Middle, Last) John Benn				HER'S NAM	ME (First, Middle, Maiden Ida V.	Sumame) Fishe	er						
TO BE	19a. INFORMANT'S NAME (Type/Print) Eileen F. Tillman	and Number		oute Number, City or Town			21225							
	20a. METHOD OF DISPOSITION 1 ◯ Burlel 2 □ Cremetion 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify)	E AND DAT	TE OF DISPOSITION or other place)	N (Name		DATE 20c. LO	CATION — CI	ty or To						
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	Dovi	0	22. NAME	and addre	SS OF FAC	nce Funera	1 Hom	e P					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) • Organization of the condi													
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Semil Demonta									N. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impetient	≥ ☐ ER/Outpatient	3 🗆 DOA	OTHER:	PLACE OF I		6 Other (Specify)							
у РНУ	Natural 5 Pending	OF INJURY , Day, Year)	28b. Ti	ME OF 28c.	□ NO	28d. DESCRIBE HOW INJURY OCCURED								
TED BY	3 Suicide 26e. PLAC	2 Accident Investigation 3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
BE	296. SIGNATURE AND TITLE OF CENTIFIER	MD				ENSE NUM	18ER 549	29d. DATE	SIGNED	(Month, Day, Year)				
2	10. NAME AND ADDRESS OF PERSON WHO COMPLETED OF SAME AND AND BASK	AUSE OF DEATH (I	TEM 277 (7)	t5.5 h	ILK	EW	SAVEMI	BAL,	11/2	MORE				

31. DATE FILED (Month, Day, Year) APR 25 1991 32. REGISTRAR'S SIGNATURE
Splia Landson-Rondalle

the first of the second standards

TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending profession and completely filled in by the funeral director, page 5 should be detached for use as the be ned within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTMENT If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	r death. Page 6 may be retained by the hospital or attending	ne funeral director, page 5 should be detached for use as the al.	examiner must be notified at once.
	TO THE HISPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE PROPERTY CHIECUTOR: After this certificate has been signed by the attending physician and completely filled in by the	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. OATE FILED (Month, Day, Year)

APR 2.5 1991

	1 - FOR STATE REGISTRAR	E OF MARYLAND /		MENT OF H		MENTAI	HYGIENI REG. NO.	9		1173		
- 14 MILES	1. DECEDENT'S NAME (First, Middle, Last) Dora	May Bretl	nauer			2. DATE MONTH		3 199	AR	IME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 219 32 0265 1 □ M			HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH 1. Day, Year) 14–191		BIRTHPLAC Country) Maryl	E (State or Foreign and		
TOR	9a. FACILITY NAME (If not institution, give street and n 657 E. Clement Str		96	Baltim	OLG	City		9c. COUNTY				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland ======			imore	ON					INSIDE CITY LIMITS? YES 2 NO		
VERAL	104. STREET AND NUMBER 657 E. Clement Str	eet		10f.	21230			U.S	OF WNAT	COUNTRY?		
BY FUI	11. MARITAL STATUS		If yes, spe	ENDENT OF HISP Holfy Cuben, Mexi 2 NO Spec	can, Puarto		or No- 14.	Specify:	merican Indian, ita, atc. White			
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College 6th Grade	CEDENT'S USING KIND NOT USE TO	UAL OCCUPATION done during moselired.)	N st of working		KIND OF BUS			MILOC			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Willia		Middle, Maiden		ry							
TO 8	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Viola Kenny 657 E. Clement Street Baltimore, Maryland 21230											
	20a. METHOD OF DISPOSITION 130 Burtal 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	20b. PLACE	ANO DATE OF	F DISPOSITION other place) Memori	(Name lal Par)	0AT	E 20c. LO	CATION — City	or Town, S			
	22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Betwee Onset and Death of the condition of the disease or condition of the condition of the caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, or complications are caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, or complications are caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or condition or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, and consequence or caused the deeth of the discount arrest arr											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
-1	PART II. Other algnificant conditions contri	24s. WAS AN PERFOR 1 YES 2	IMED?	COA	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO							
PHYSICIAN: MEDICA	1 ☐ YES 2 NO 1 ☐ Inp 27. MANNER OF DEATH 26	PITAL: patient 2 ER/Outpatient a. DATE OF INJURY (Month, Day, Year)		OTHER: Nursing Hom F 28c, INJ	ACE OF DEATH (5 Residence URY AT RK?	a 6 🗆 Othe		NJURY OCCUR	RED			
BY	1 Setural 5 Pending M 1 YES 2 NO							and Number or	Rural Route	Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2	the bast of my knowledge, d	eath occurred						ause(a) and	I manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER AND AND ADDRESS OF PERSON WHO COMPI		1,0	minet)	29c. LICENSE N			29d. DATE S	IGNED (Moi	nth, Day, Year)		

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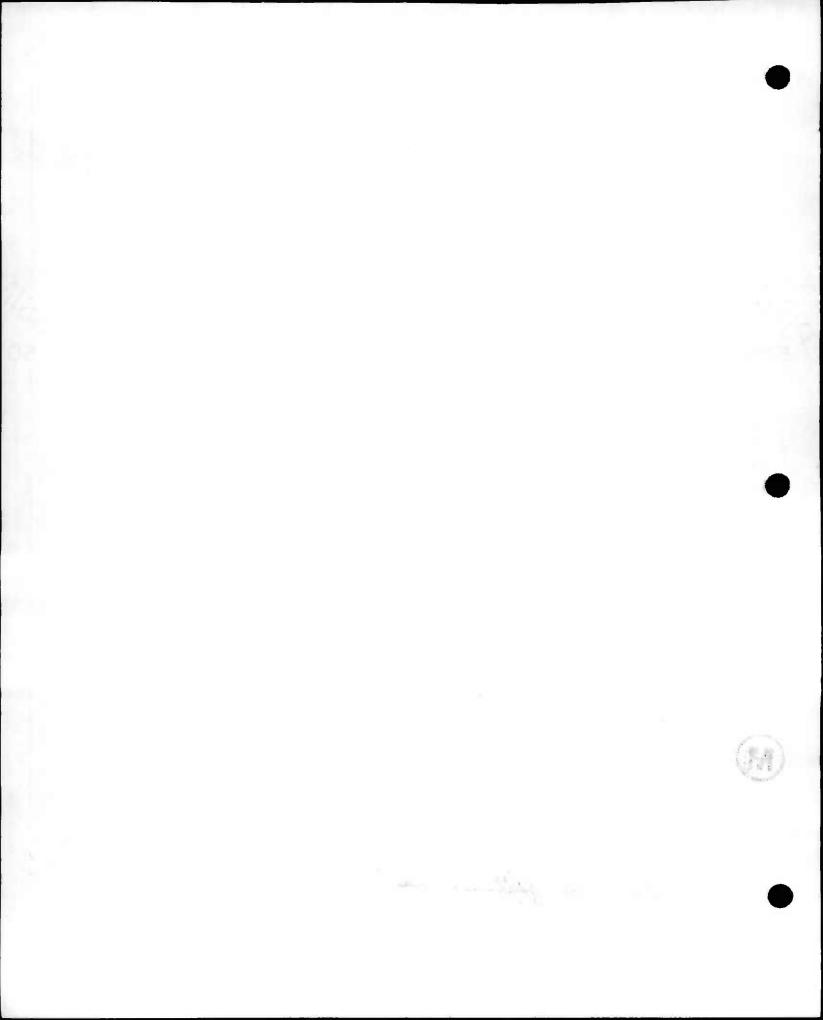
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		Pages
		the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
	an.	transit
BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physicia	burial-
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DIVIDION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL INC. The fune of the confidence has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 not removal. IMPORTANT: If the medical examinar must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First,		STATE OF N							MENTAL HYGIEN		91	1117
	Middle Last)			CERTIF	CATE	OF L	PEAIR	H	REG. NO).	1.	. TIME OF DEATH
MARIE		NKS						ı	April 20	WY 1.0	YEAR	7:39P M
4. SOCIAL SECURITY NUMBE		SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH), 19		LACE (State or Foreign
214-20-0364	1	_ M 2√_ F	80	YRS.	MONTHS	DAYS I	tours	MIN.	12-24-191	0	Country)	
9a. FACILITY NAME (If not ins	attution, give street	and number)			9b. CITY, T	OWN OR	LOCATION	OF DE		_	JNTY OF DEA	
MARYLAND	CENEDA	T UOSD	TAT		TD.	Ат тт	MORO	E C	ΤͲV			
RESIDENCE OF DEC	EDENT	L HOSE	LIAL		D/	ALII	MOKO,	E C	111			
MARYLAND RESIDENCE OF DECI 10a. STATE	10b. COUNTY		10c. CITY, TOWN OR LOCATION BALTIMORE CITM									IOd. INSIGE CITY
								01.				YES 2 NO
						10f. 2	IP CODE			10g. CI1	U S	IAT COUNTRY?
1207 Divisio					_		212					
11. MARITAL STATUS 1 Never Married 2 1		. WAS DECEDEN FORCES? 1	YES 2	ARMED NO	It y	yes, spec	ity, Cuban,	Mexican	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	a or No—	14. RACE - Black,	– American Indian, Whita, atc.
3 Widowed 4 Divon		IF YES, GIVE V	AR OR OATES		1 [YES 2	NO 🖺	Specify	*		Specify.	B1ack
	DENT'S EDUCATION		16a.	DECEDENT'S	USUAL OCC	UPATION			16b. KIND OF BL	ISINESS/IN	DUSTRY	
	highest grade com			(Give kind of willife. Do NOT us	vork done du	ring most	of working		Universi			enital
Elementary/Secondary (0-	12)	onaga (1-4 or 5	,		,				Universi	cy UI	nu nus	prical
17. FATHER'S NAME (First, Mic	ddle, Last)						16. MOTHE	R'S NAI	ME (First, Middle, Maider	Sumamel		
Stanley Kidd	04114							via				
19a. INFORMANT'S NAME (Ty)	pe/Print)		T	19b. MAILING	ADDRESS (Street are			WEST. Route Number, City or Tox	vn. Stato 7	Ip Code1	
	-1.11								1timore, Md		- 0000)	
Sandra Banks	ON		20b. PLA	CE OF DISPOS	_						- City or Tow	n State
1 Donation 5 Other	n 3 🗆 Ramoval	from Stata	othe	r place)			,	,	1			el Co. Md
21. SIGNATURE OF FUNERAL		SEE	- 1/ 1/16_1	Calvary			ADDRESS	OF FAC	CILITY	Anne	Arunae	er co. ma
	411	1110	/,		1		F/H					
Taca		unci	1						Avenue			
23. PART I. Enter the dis	seases, or com part failure. List	plications the	t caused tha	death. Do n	ot antar ti	ha mode	of dylng	g, aucl	h as cardiac or resp	oiratory s	rreat,	Approximata Interval Batween
0												
disease or condition	→ s	S. Arterio Sclerotic Cardio Woscula DUE TO (OR AS A CONSEQUENCE OF): Cardio anphythmip OUE TO (OR AS A CONSEQUENCE OF): Arterio Sclerotic Cardio woscula ONSECUENCE OF): And OUE TO (OR AS A CONSEQUENCE OF): Adenome										
		DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list condition	b	Ca	rau	W	an	jun	yu	m	riv			
If any, leading to immed	ilata	OUE TO	(OR AS A CON	SEQUENCE OF	7:	20	10 A	0.51				-
causa. Entar UNDERLYIF CAUSE (Disease or Injur	ny 🕻 a_	1 2	20000			-Oce	TW	m	100			
that initiated avanta resulting in death) LAST		DUE TO	(OR AS A CON	SEOUENCE DI	9:							
Todaking in again, Excel	d										·	1
PART II. Other significar	nt conditiona c	ontributing to	death but no	ot_resulting	In the und	larlying	cauaa giv	van In	Part I. 24s. WAS A	N AUTOPSY	7 24b. 1	WERE AUTOPSY FINOINGS
Sen	ill	De	meni	two					PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
arc	allni	1)	Bro	un	fin	011	M	m	Z ''''	2 [-] NO		OF DEATH?
	700,00		.010		3-01	000	<i>)</i> , <i>0</i> ,		_			1 YES 2 NO
25. WAS CASE REFERRED TO	MEOICAL					28. Pl A	CE OF DE	ATH (Ch	eck anly one)			-
EXAMINER? 1 TYES 2 NO	H	OSPITAL:	Ann.	2 7004	OTHER:							
		26a. OATE OF		28b. TIM		ng Home		idence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
27. MANNER OF GEATH	Pending	(Month, E			URY M	WOR	K? 1 S 2 🗌	NO	230. DEVOINGE NOW		-301120	
27. MANNER OF OEATH 1 Netural 5 1	nveatigation	28a. PLACE C	F INJURY — AI	home, farm.	street, tactor				281, LOCATION (Street	and Numb	er or Rural Re	ute Number
27. MANNER OF OEATH 1 Netural 5 S 2 Accident		building	atc. (Specify)		,	,,			City or Town, State		or construction	Americans
27. MANNER OF OEATH 1 Netural 5 S 2 Accident 3 Suicide 8 S	Could not be datarmined	Фенитарар вы										
27. MANNER OF GEATH 1 Netural 5 1 2 Accident 8 3 Suicide 8 6 4 Homicide	datarmined											
27. MANNER OF OEATH 1 Netural 5 9 2 Accident 8 0 3 Suicide 8 0 4 Homicide 6 29a. CERTIFIER (Check only 1 CERTI	IFYING PHYSICIAL	N: To the best of							to the cause(a) and m			
2 Accident 3 Suicide 8 (4 Homicide d 29a. CERTIFIER (Check only	IFYING PHYSICIAL	N: To the best of							to the cause(a) and me time, data and place, a			and manner as stated.
27. MANNER OF GEATH 1 Natural 5 S 2 Accident 3 Suicide 8 G 4 Homicide 29a. CERTIFIER (Check only	datarmined IFYING PHYSICIAL CAL EXAMINER: C	N: To the best of				inlon, da		d at the	time, data and place, a	ind dua to	the cause(s)	and manner as stated. Month, Day, Year)

29c. LICENSE NUMBER
D20099 926 w. north Auc Baltoms ITAGISON, MD 31. DATE FILED (Month, Day, Year) APR 25 1991



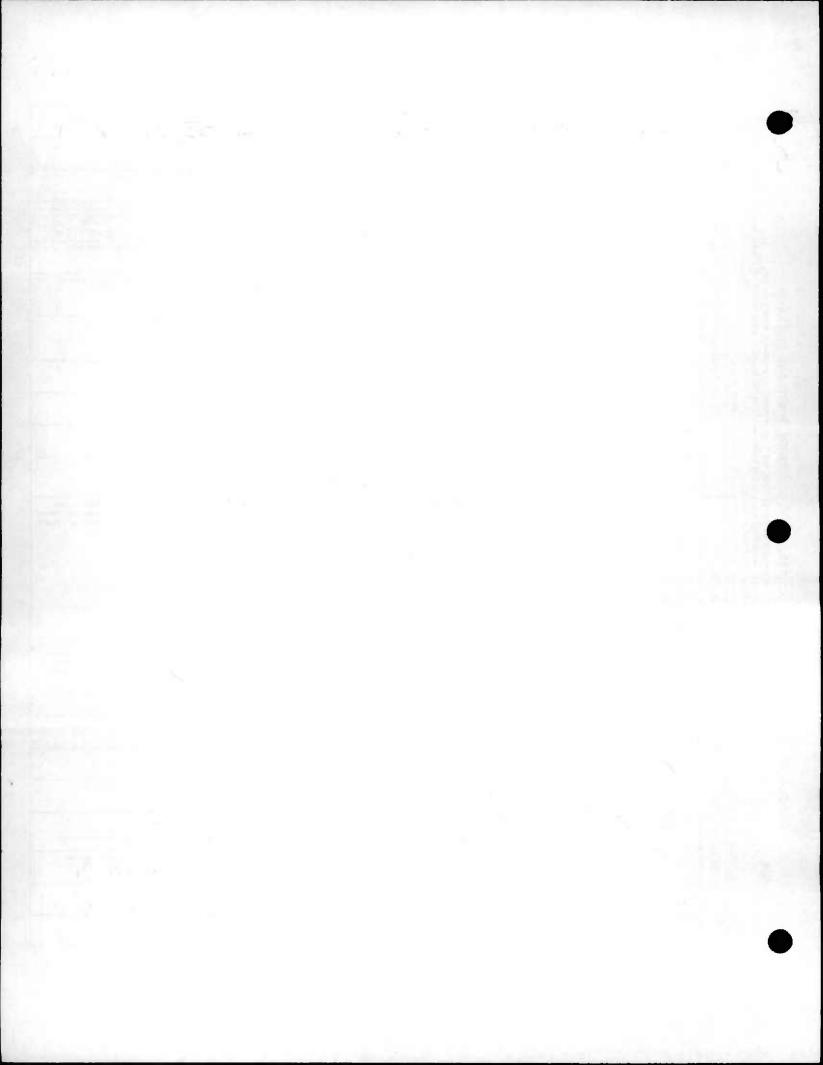
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	2112	CERTIF	ICATE O	DEATH	REG. NO						
1. DECEDENT'S NAME (First, Middle, Last	5. Bake	er Jr.			2. DATE OF DEATH	3 9 YEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 216-07-3229	1 M 2 □ F 8	GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 15, 190	Cour	FNPLACE (State or Foreign http:)				
9a. FACILITY NAME (If not institution, give Lorien Nursing Hor RESIDENCE OF DECEDENT			Baltimore Sc. county of Death Sc. County of Death								
Lorien Nursing Hor RESIDENCE OF DECEDENT 106. STATE 106. COUN	тү	19c. CITY	y, TOWN OR LOC Baltimo				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER 5108 Plainfield A	/enue			01. ZIP CODE 21214		10g. CITIZEN OF	WHAT COUNTRY?				
10e. STREET AND NUMBER 5108 Plainfield AV 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) Ty:	e or No— 14. RA	CE — American Indien, ick, White, etc.				
1s. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	Iffe. Do NOT us	work done during i se retired.)	nost of working	16b. KIND OF BU	SINESS/INDUSTRY					
Highschool		Station	nary Engli								
Samuel E. Baker Si	^.			551071	ame (First, Middle, Meiden eth Shreck	Surneme)					
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow						
Alice T. Baker	I	20b. PLACE OF DISPOS			ltimore, Md.	21214 CATION — City or	Town, State				
1 Nuriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		other place)	Ins. of Faith Baltimore,								
21. SIGNATURE OF FUNERAL SERVICE	lalden			and address of F ard J. Ruck	Inc. 5305 Ha	arford Road	d 21214				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intileted events										
PART II. Other algnificent condition	ona contributing to deat	th but not resulting	In the underly	ing ceuee given in	Pert I. 24a. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AWULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTMER:	PLACE OF DEATH (C	heck only one)						
1 YES 2 NO	1 Inpetient 2 ER/		Mursing H		6 Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED					
3 Suicide 6 Could not b	e 28e. PLACE OF INJ building, etc. (URY — At home, farm, : Specify)	street, factory, of	fice	281. LOCATION (Street City or Town, State	end Number or Run)	of Route Number,				
one)	'SICIAN: To the best of my k						e(e) and menner as stated.				
29b. SIGNATURE AND TITLE OF CERTIF	~			DZ8	B461	29d. DATE SIGNI	ED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON V Ruchard S1. DATE FILED (Month, Day, Year)	NO COMPLETED CAUSE OF	520		ten Au	enve Ba	Ho M	DZIZZ4				
ARROE 100	1 Alandaria	GAGLES SAME									



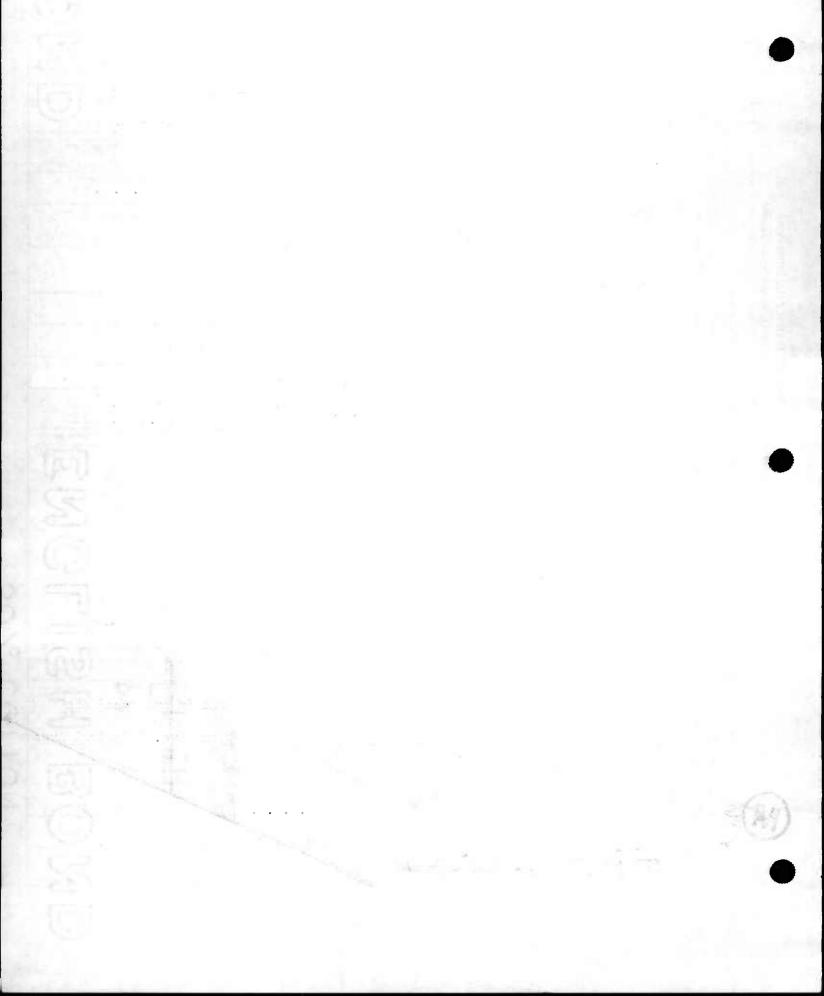
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	ERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					-	2. DATE O			YEAR	3. TIME OF OE.	АТН
- 8	Herbert			Brax	ton		04	22	19		4:26	Рм
	4. SOCIAL SECURITY NUMBER 227-30-3916	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month,	F BIRTN Day, Year) L6 - 29	1	Country	PLACE (State or rginia	
	9e. FACILITY NAME (If not institution, give a	treet end number)	0 200		9b. CITY, TOWN (OR LOCATION OF D			9c. COUNT			
TOR	Shock Trauma Ce	nter			Baltimo	re			Balt	imo	re City	7
DIRECTOR	MD .	,			ry, town or Local apital	Height	s				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4107 Urn Stre	et			101	20743					.A.	?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR I YES 2 QU MAR OR DATES	MED NO	If yes, sp	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:						k
G	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed	16a, DE	CEDENT'S	USUAL OCCUPATION	DN pet of worldng	16b.	KIND OF BUS	SINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- Wio	. Do NOT u	ise retired.)	bor		Con	stru	cti	.on	
COM	17. FATNER'S NAME (First, Middle, Last) Ben Braxton	1				16. MOTNER'S NA	Irene	iddle, Maiden e Hur	Surneme)			
TO BE	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ashland, Virgin:											
·	Olivia Grimes 20a. METHOD OF DISPOSITION 1.D Burlel 2 Cremation 3 Removel from State 4 Donellon 5 Other (Specify) Roselawn Cemetery Glennallen											
	4 Donetion 5 Other (Specify)	41	- 0	lenn	<u>a11</u>	en, Va	•					
13	22. NAME AND ADDRESS OF ACRUTY E.L. Phillips F/H Balto., MD. 2											
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one ceu		9.		ode of dying, suc	ch as csrd	lsc or resp	iretory arres	st,		Between and Death
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CATI	If any, lesding to immediate cause. Enter UNDERLYING				,.						į	
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	DF):							
	PART II. Other significant condition	a contributing to	death but not	raeulėlaa	In the underlyin	a ceuse alven la	Dart I	24a. WAS AN	AUTOBOV	1 245	. WERE AUTOPSY	V EINDINGS
BY PHYSICIAN: MEDICAL	PART II. Ottor Symmetric Communication	- Contributing to	deeth but not	resulting	in the underlyin	g cause given in		PERFOI 1 PES	RMED?	240	AVAILABLE PRICOMPLETION COF DEATH?	OR TO OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL				20 8	LACE OF DEATH (C	book only on	-)				_
SC	EXAMINER? 1 (X) YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	2 DO4	OTHER:	ne 5 - Residence			-			
HYS	27, MANNER OF DEATH	26e. DATE OF	F INJURY	28b. TII	ME OF 28c. IN	JURY AT			INJURY OCCU	JRED		
Α >	1 Natural 5 Pending	04 05	Dey, Year) 1991	5:30	- "	ORK? YES 2X NO	Occur	pant i	in aut	o a	ccident	t
	2 Cacident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Inc.) City or Town, State)										73	
ETE.	4 Homicide determined		street				Sou	thern	Ave.	& C	entral	Aves
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS										a) end menner a	is stated.
BE C	29b. AIGNATURE AND TITLE OF CERTIFIE	B. 1/ 20	+	w		29c. LICENSE NU	JMBER		29d. DATE	SIGNED	(Month, Day, Ye	er)
TO E	margue for	There		У	2.0	0.C.M	.E.		04	2	4 199	91
25"	30. NAME AND ADDRESS OF PERSON WITH	D.160	SE OF DEATH (ITE		l 11 Penn	Street.	Balt	imore	Mary1	and	21201	9
	31. DATE FILED (Month, Day, Year) APR 25 1991	Julia De	undon-for	ndom								7

FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

PORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



Pages 1, 2, 3 should

FUNERAL

F

notified

2

must

examiner

medical

filled in by t 6 has been signed by the attending physician and completely fille Dept. of Health and Mental Hyglene prior to burial, cremation, 1.23 shows any Injury, or other traumatic event, the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this certificate h After t hours after d 4 22 h

Hem

marked, or

89

28 Item 2

MPORTANT: IF

2

30. NAME AND ADI

JOHN

31. DATE FILED (MAPR

filed 299

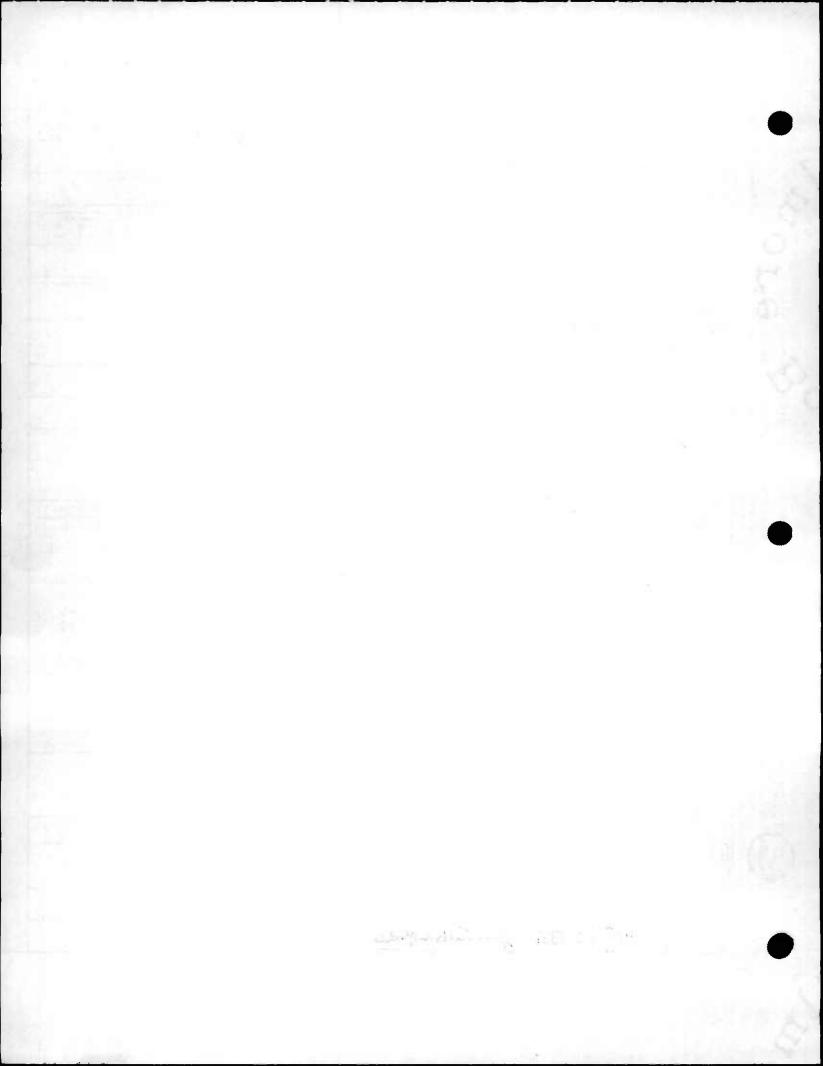
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last, DROWN FREDA 1-23 7, DATE OF BIRTH 6. AGE (In yrs. last birthday 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS (Month, Day, Year) 12/29/17 DAYS HOURS 216-56-9162 1 🗆 M 2 🗶 F 73 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY MARYLAND BALTIMORE 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZtP CODE 6999 BROOKMILL RD. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noit yes, specify Cuben, Mexican, Puerto Rican, etc.)
 The YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify. BY 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 18h, KIND OF BUSINESS/INDUSTRY Etementary/Secondary (0-12) Cotlege (1-4 or 5+) 12 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname, REUBEN KATZ LENA BERMAN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. LES DOUGLASS 6 THE STRAND SPARKS, MD 21152 20s. METHOD OF DISPOSITION

1 Mauriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State PETACH TIKVAH ROSEDALE, MD Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, . INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 eases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, art failure. List only one cause on each line. . Enter the disc Approximate interval Batwe **Onset and Death** IMMEDIATE CAUSE (Fin 42 Y disease or condition ormani resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 1 | YES 2 0 OF DEATH? 1 YES 2 NO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25, WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 | YES 2 NO etlent 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 TC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examin ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end memoer se stated, 29c. LICENSE NUMBER D3Z470 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER BE

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE
JUNE DEUTOSOT



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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12 AREGISTRANT SIGNATURALE

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permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Ę.	ete	me.	Ę,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH APRIL 22 1991 YEAR MARY ELIZABETH 3:00 P.M. BOND 7. DATE OF BIRTH
(Month, Day, Year)
APRIL 3,1918 5. SEX 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 - M 2 X F 235-20-4745 YRS. WEST VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE FRANKLIN SQUARE HOSPITAL ROSEDALE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h, COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE PERRY HALL 1 YES 2 X NO 10e. STREET AND NUMBER 10g, CITIZEN OF WNAT COUNTRY? FUNERAL 10f. ZIP CODE 3 POWDER PLACE 21236 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KING OF BUSINESS/INDUSTRY (Specify only highest grade comp College (1-4 or 5+) Elementary/Secondary (0-12) HOMEMAKER OWN HOME 12 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BENJAMIN H. McCAULEY NORA B. POLING 19a, INFORMANT'S NAME (Type/Print) 19h. MAILING AOORESS /Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3 POWDER PLACE, BALTIMORE, MARYLAND DONALD McCAULEY (BROTHER) 20a METHOD OF DISPOSITION
1 \(\tilde{D} \) Buriel 2 \(\tilde{D} \) Cremation 3 \(\tilde{D} \) Removal from State
4 \(\tilde{D} \) Donation 8 \(\tilde{D} \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION - City or Town, State MARYLAND VETERANS CEMETERY 4/25/91 CROWNSVILLE.MD. 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WITZKE FUNERAL HOME 1630 Edmondson Avenue, Balto. Md. 21228 25. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fallure. List only one cause on each line. Intarval Batwean Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE MYOCARDIAL INFARCTION OUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING COPD CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner ee ateted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE D17728 4/23/91 9

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S	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones

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	1 - STATE REGISTRAR	STATE OF M				T OF H E OF			MENTAL HYGIEN REG. NO.	_			
1	DECEDENT'S NAME (First, Middle, Lest) LOUIS R	BITTING							2. DATE OF DEATH DO O4 2	AY.	YEAR 1991	3. TIME OF DEATH 2:20P M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 09/20/19		6. BIRTH Countr	PLACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give stre G.B.M.C., 6701 N.					Y, TOWN O	R LOCATIO	ON OF DE		9c. CO	UNTY OF D	EATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT		OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
AL DI	MARYLAND Balt	imore		M:	ILLEI		ZIP COD	E		10g. CI	TIZEN OF V	1 TYES 2 NO	
FUNERAL	2653 BECKLEYSVILL	E ROAD	EVER IN 11 S. ARI	MED	1 12	WAS DEC	2110		IIC OBIGIN? (Specify Yes		. S.		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 N	10	t3. WAS DECENDENT OF HISPANIC ORIGIN? (Spec If yes, specify Cuben, Mexican, Puerto Rican, at 1 ☐ YES 2 ☑ NO Specify:						Speci	E — American Indien, k, White, etc. White	
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	work done se retired.)	during mo	st of working		166. KIND OF BU							
BE CON	17. FATHER'S NAME (First, Middle, Lest) Thelate Richar	ely	ME (First, Middle, Maiden 'n Creitz										
T0	190. INFORMANT'S NAME (Type/Print) Virginia Bittir		Rd., Mil			ID 21107							
	20a. METHOD OF DISPOSITION 1												
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE SCI	7, -62		J 22 2	NAME AN	Mar Har	ss of FA ten d St	stein Mo ., New F	rtu ree	ary,	Inc. PA 17349	
NC	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	emplications that let only one cause DUE 39 (caused the dese on each line	OUENCE C	la DF):	fr the mo	de of dy	ing, such	Paliny	fratory a	arrest,	Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL	PART II. Other significant conditions	egntributing to	- 1	resulting	In the u	inderlyln	g cause	given in	Part I. 24a. WAS AN PERFO	RMED?	Y 24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ENEW TOWN	0-	ОТНЕ	R:			neck only one)				
	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 Inpa	INJURY	28b. TII		28c. INJ WC	IURY AT ORK?		8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY C	OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At ho etc. (Specify)	ome, farm,	street, fa	ctory, offic	•		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	one) 2 MEDICAL EXAMINER						leath occu	red at the		nd due to	the ceuse(
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	ELW "	M27 (300	Drint)	1	29c. LIC	ENSE NUI	MBER 3/55	29d. D	4/Z	Month, Day, Year)	
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	TO THE HOSPITAL OR ATTENDED THE SAME THE LAW requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hy	TO THE FUNERAL DIFFCIDITY AND CONTROL OF CONTROL OF THE ATTENDING PHYSICIAN and COMPLETED filled in by the funeral director, page S should be detained for the burial framation of removal.	De mod within 72 notes and pour with an State Copt, or regular and mental hyperic prior to come, communication and the medical examiner must be notified at once
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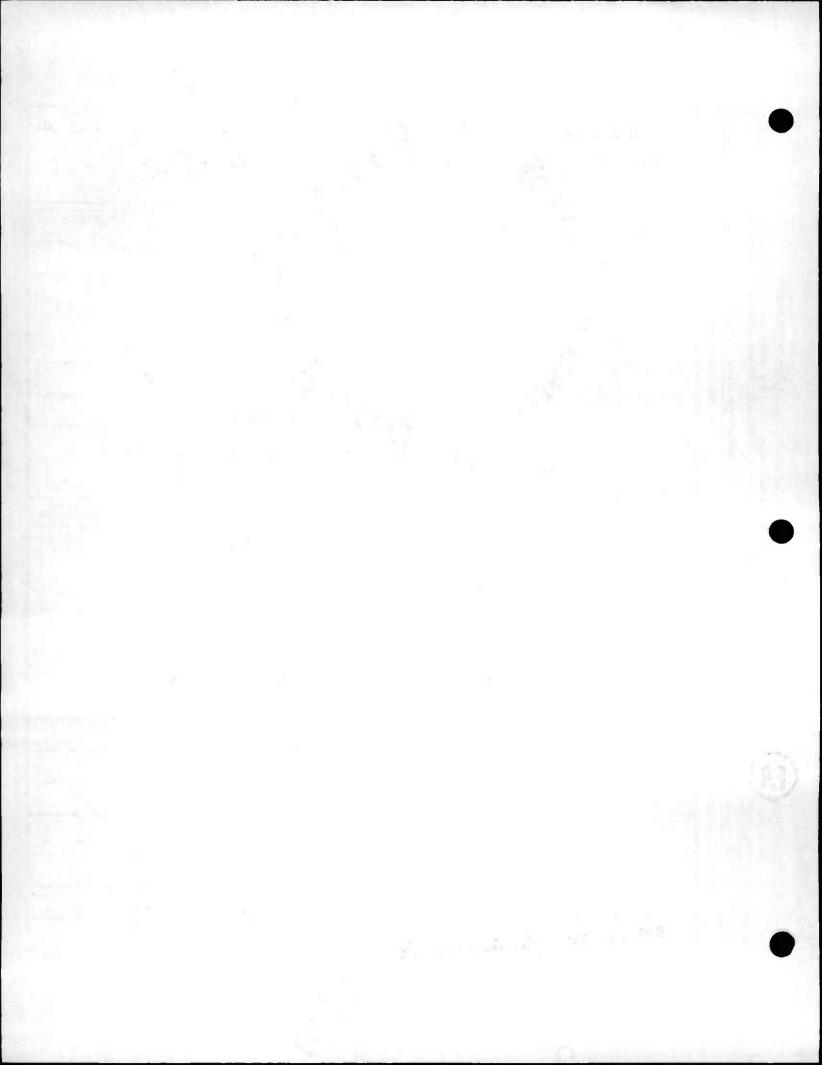
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EON 434 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 87 1 M 2 - F 213-16-3532 MARYLAND C. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE OWINGS MILLS 88 PITTSTON CIRCLE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? OWINGS MILLS MARYLAND BALTIMORE TXXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 21117 88 PITTSTON CIRCLE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify, Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried AVCASIAN B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HENDLER ICE CREAM CO. SALESMAN 18. MOTHER'S NAME (First, Middle, Maldon Surname)
FANNY (UNKNOWN) 17. FATHER'S NAME (First, Middle, Last) LOUIS COHEN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. GERALD COHEN 8605 PILSEN RD., RANDALLSTOWN, MD 20e METHOD OF DISPOSITION 1X Pauriat 2 Cremation 20b. PLACE OF DISPOSITION (N 4-23-91 20c. LOCATION -- City or Town, State on 3 🗆 Rer 4 Donation 5 Other (Specify) KNESSETH ANSHE ROSEDALE, TSPART SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 23. PART i. Enter be diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, Approximata heart feliure. List only one cause on each line. intarval Between Onset and Death IMMEDIATE CAUSE (F years disease or condition resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE (Disease or Injury** DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL MAILABLE PRIDE TO PLETION OF CAUSE OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA me 5 (Specify) 4 - Nurs 27. MANNER OF DEATH 28a. OATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 TYES 2 NO ΒY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of exi 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE



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30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 si		
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DANI	EL C. CAPLAN	7		MON	e of DEATH DAY		3. TIME OF DEATH 10:50 PM M	
	4. SOCIAL SECURITY NUMBER 215-16-2127A 96. FACILITY NAME (If not institution, give second	1 M 2 D F	91 YRS. MON		RS MIN. (Mor	e of Birth oth, Day, Year) C. 18,	Co		
TOR	1412 HIGHVIEW D				ERVILLE,		BALTIMORE		
DIRECTOR	10a. STATE 10b. COUNT	BALTIMORE	10c. CITY, TO	WN OR LOCATION LUTHERVI	LLE		10d. INSIDE CITY LIMITS AV 1 YES 2 NO		
FUNERAL	10a. STREET AND NUMBER 1412 HIGHVIE	W DRIVE		10f. ZIP (21093			OF WHAT COUNTRY? USA	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 1 A YES IF YES, GIVE WAR OR DAT			NT OF HISPANIC ORIG Cuben, Mexicen, Puerto NO Specify:			ACE — American Indian, lack, White, etc. pocify: WHITE	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT use reti	done during most of w red.)	rorking	Bb. KIND OF BUSI		Υ	
OME	17. FATHER'S NAME (First, Middle, Last)	4	MI	ERCHANT 18. 1	MOTHER'S NAME (First		TAIL Jurname)		
BE C	ISAAC CA	PI.AN				UNKNOWN			
2	190. INFORMANT'S NAME (Type/Print)	Dr An			mber or Rural Route Nu)	
	HTL FORD A CA 20e METHOD OF DISPOSITION AIX Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)		PLACE AND DATE OF emetary, crematory or or BETH TI	DISPOSITION (Nam ther place)	UTHERVILI 4/22/91	TE 20c. LOC	ATION — City of TIMORE,	The state of the s	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DEITH I	22. NAME AND AD	WINSON &	BROS.,I	NC.	MORE, MD 2121	
	23. PARTAL Enter the diseases, or shock or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on ee	ch line.					Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):						
		d							
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	ns contributing to deeth bu	it not resulting in the	e underlying ceu	se given in Part I.	1 TYES 2	WED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Check only	one)			
YSIC	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		HER: Nursing Home 5	Nesidence 6 □ Ot	her (Specify)			
ву РН	27. MANNEB OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 YES		ESCRIBE HOW IN	JURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, stc. (Special	— At home, farm, atree	t, factory, office		OCATION (Street en ity or Town, State)	nd Number or Ru	rel Route Number,	
COMPLETED	onal	SICIAN: To the best of my knowle ER: On the basis of examination						se(e) and menner ee stated.	
H	296. SIGNATURE AND TIFLE OF CERTIFIE	in (u n)	D	29c	LICENSE NUMBER		29d. DATE SIG	NEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print	" YTL) 490	0004) Cou	RT RDZ168	
	31. DATE PRINCE 50, 1991	12 MEGISTHAR'S SIGNA	Handale.	•					

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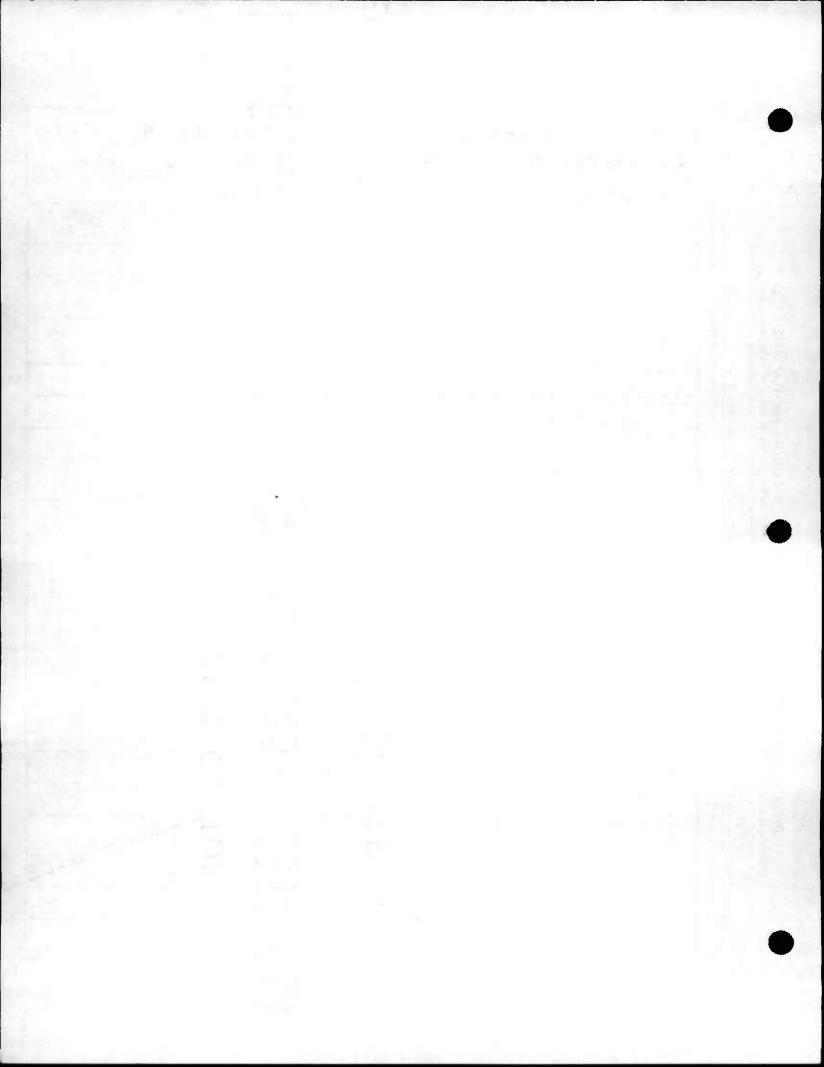
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IL D	10 7	2 2
PITA	ERA	
HOS	FUN	M
포	里源	NO.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached to be seen with the State hand of the State has a funeral throughout the principle of the state hand to be seen that the State hand of the state has a funeral throughout the state of the state hand the state has a state of the state of the state has a state of the state hand the state of the state has a state of the sta	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

APR 25 1991

22. REGISTRAR'S SIGNATURE

	1 - STATE OF MARYLAI	ND / DEPARTI CERTIFIC				GIENE G. NO.					
2000	1. DECEDENT'S NAME (First, Middle, Last) Milten CAPLAN				2. DATE OF DI		S. TIME OF DEATH	M			
	216-12-6589 1AM20F	84 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		9-06	BIRTHPLACE (State or Foreign Country) Mary lan	1			
TOR	9e. FACILITY NAME (If not institution, give street and number) RESIDENCE OF DECEDENT	,	96. COUNTY OF DEATH BALTIMORE CITY 90. COUNTY OF DEATH								
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		OWN OR LOCATE	RE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FRAL	100. STREET AND NUMBER 2905 FALLSTAFF RD., APT. 25		101.	ZIP CODE 2120	09		IN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPAN lefty Cuben, Maxica 2 NO Specify	IIC ORIGIN? (Sp n, Puerto Rican,	ecify Yea or No— 14 etc.)	6. RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		k done during mos retired.)	n et of working EPRESENT		OF BUSINESS/INDUS	DYS SHIRTS				
OME	11 17. FATNER'S NAME (First, Middle, Last)	MANOPACI	IURER RI	16. MOTHER'S NA			AB BRIKIS	_			
BE C	DAVID CAPLAN			H	INDA	ISAACSON					
TO E	19a. INFORMANT'S NAME (Type/Print)			AFF RD.		ty or Town, State, Zip C		റമ			
	MRS. NORMA CAPLAN 20a. METNOD OF DISPOSITION	PLACE AND DATE O	F DISPOSITION	(Name	DATE	20c. LOCATION — CI					
		metary, crematory or ETH EL MI	enther place)	PARK 4	4/21/9	RANDALI	STOWN, MD				
	21. SIGNATURE OF PUNERAL BERVICE LICENSEE		22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215								
¥	23. PART /. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence or):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury c.							_			
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but RIAL FALLUSE RINGLES	/ /	the underlying	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)						
YSIC	1 Tes 2 No 1 Inpatient 2 ER/Outpet	tient 3 DOA 4	V	e 5 🗆 Residence	6 Other (Spe	ecify)					
ВУ РН	27. MANNER OF DEATH 1 Wetural 5 Pending (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ RY WO	RK?	28d. DEŞCRIE	IE HOW INJURY OCCU	RED				
	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Nown, State)										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Gallo M			29c, LICENSE NUI	MBER 3/47	9 P	SIGNED (Month, Day, Year) 4-20-91				
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT LEVINDALE GERLATR		Print)	BALTO	, 2	1215					



OHMH-18 Rev 1/89

BALTIMORE: MARYLAND 21215-0020

ITEMS:23 thru 28f per ME G-675 5/31/91 cm 1881

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) PATRICIA 4. SOCIAL SECURITY NUMBER 9a. FACILITY NAME (If not institution, give 2011 SPARKS COU	G								
4. SOCIAL SECURITY NUMBER 9a. FACILITY NAME (If not institution, give 2011 SPARKS COU	G						OF OEATN	VEAD	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 9a. FACILITY NAME (If not institution, give 2011 SPARKS COU			C	HIPMAN		04	07 DAY 1	99 FAR	4:50 P
2011 SPARKS COL	5. SEX 8	B. AGE (In yrs. last	birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C			HPLACE (State or Foreign
2011 SPARKS COL	1 M 2 DF	43	YRS.	ONTHS DAYS	HOURS MIN.	100	Day, Year)	Count	ry)
2011 SPARKS COL	street and number)	43	-	h CITY TOWN	OR LOCATION OF E		3-1947	OUNTY OF D	NEATN .
RESIDENCE OF DECEDENT				BALT	OR LOCATION OF T	ĨΫ́"	36.0	OUNTY OF L	CAIN
10a. STATE 10b. COUNT	ry		10c, CITY.	TOWN OR LOC	ATION				10d. INSIDE CITY
MD	NA					ourt.	BALTIMOR	177	LIMITS?
						,			
10e. STREET AND NUMBER					01. ZIP CODE		10g. C	CITIZEN OF	WNAT COUNTRY?
20111 Spa	rks Court				21231				
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1						(Specify Yes or No-	- 14. RAC	E - American Indian,
1 Never Married 2 Merried	IF YES, GIVE WA				specify Cuben, Mexic S 2 NO Spec		icen, atc.)	Spec	
3 Widowed 4 Divorced			27						White
15. DECEDENT'S EDG (Specify only highest grad		16a. DE	CEDENT'S U	BUAL OCCUPA	ION	16b.	KIND OF BUSINESS/	INOUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)	nost of working				
17. FATHER'S NAME (First, Middle, Lest)					18 MOTNER'S N	AME /First M	iddle, Maiden Sumam	á)	
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				Annual Control					
19e. INFORMANT'S NAME (Type/Print)		196	. MAILING A	DORESS (Stree	end Number or Rura	l Route Numb	er, City or Town, State,	Zip Code)	
ocme									
20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Rer	mount from State			F OISPOSITIO	N (Name	DATE	20c. LOCATION	- City or T	own, State
4 Donetlon 5 Other (Specify)	n state	or cemetary,	crematory o	other place)		i			
21 SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	d Wade,		22. NAME	AND ADDRESS OF F	ACILITY			
A 511/1							ate Anato		
Semula	Melers	1/22/199	91	655	W. Balti	more	St, Balto.	.,MD	21201
Sequentially list conditions,	• DEPRESS	OR AS A CONSEC SIVE REA	CTION						
If any, leading to immediate	DUE TO (C	OR AS A CONSEC	NUENCE OF)						
cause. Entar UNDERLYING CAUSE (Disease or injury	c								
that initiated eventa	OUE TO (OR AS A CONSEC	DUENCE OF):						
resulting in death) LAST	d.								
PART II. Other significent condition	na contributing to d	laath but not n	esulting In	the underly	ng cause given i	n Part I.	24a. WAS AN AUTOP: PERFORMEO?	SY 24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
01100000000	ERYTHEMAT	nsus					THE VES 2 NO		COMPLETION OF CAUSE OF DEATH?
SYSTEMIC LUPUS							T		1 TES 2 NO
SYSTEMIC LUPUS						_			
_SYSTEMIC_LUPUS				20	PLACE OF DEATH (C	heat anti an			
SYSTEMIC LUPUS 25. WAS CASE REFERRED TO MEDICAL		150 F ST	_ (OTHER:	LINE OF BERTIFE	A AUCK ONLY OF	-/		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EB/Outnotient 3	□ DOA	☐ Nursing N	me vovet Residence	8 🗆 Other	(Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 □ NO	1 Inpatient 2		17.	-					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 □ NO 27. MANNER OF OEATH		NJURY	28b. TIME INJU	OF 28c.	NJURY AT VORK?	28d. OE\$	CRIBE HOW INJURY		NATION OF COLUMN
25. WAS CASE REFERRED TO MEOICAL EXAMINER? XX YES 2 NO 27. MANNER OF CEATH 1 Netural	1 Inpetient 2 I	NJURY y, Year)	28b. TIME INJU UNKNO	OF 28c.	NJURY AT	28d. OES			DXYCHLOROQUINI
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF OEATH 1 Natural Investigation 2 Accident 3 Suicide 8 Could not by	1 Inpetient 2 Inpe	NJURY y, Year)	UNKNO	OF 28c. I	NJURY AT YORK? YES 2 NO	SIBJE AND A	CT INGESTELL LCO (Street and Num) HMDR	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIX YES 2 NO 27. MANNER OF CEATH 1 Netural 2 Accident Investigation	1 Inpetient 2 Inpe	NJURY y, Year)	UNKNO	OF 28c. I	NJURY AT YORK? YES 2 NO	SIBJE AND A	ATION (Street end Num or Town, State)	D HYDRO	Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF CEATH 1 Natural 2 Accident 3 Suicide 8 Could not be 4 Nomicide Centricyling DMY.	28e. DATE OF II (Month, De) UN KNOWN 28e. PLACE OF building, e	NJURY y, Year) I INJURY — At ho rc. (Specify)	UNKNO me, farm, sti	OF 28c. I	NJURY AT VORK? YES 2 NO	281. LOCA City of 201	ATION (Street and Num or Town, State) 1 SPARKS	D HMDRO mber or Rural CT F	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF OEATH 1 Natural Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	28e. DATE OF II (Month, De) UN KNOWN 28e. PLACE OF building, e HOME	NJURY y, Year) INJURY — At ho ric. (Specify)	UNKNO	OF 28c. 1 Control of the time, d	NJURY AT VORK? YES 2 NO rice Ite end place, and de	281. Local City of 201	ATION (Street end Num or Town, State) SPARKS se(e) end menner as	O HYDRO mber or Rural CT . F	Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF OEATH 1 Natural Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	28e. DATE OF II (Month, De) UN KNOWN 28e. PLACE OF building, e HOME	NJURY y, Year) INJURY — At ho ric. (Specify)	UNKNO	OF 28c. 1 Control of the time, d	NJURY AT VORK? YES 2 NO rice Ite end place, and de	281. Local City of 201	ATION (Street end Num or Town, State) SPARKS se(e) end menner as	O HYDRO mber or Rural CT . F	Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF OEATH 1 Natural Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	28e. DATE OF II 28e. DATE OF II (Month, Day UN KNOWN 28e. PLACE OF building, e HOME	NJURY y, Year) INJURY — At ho ric. (Specify)	UNKNO	OF 28c. 1 Control of the time, d	NJURY AT VORK? YES 2 NO rice Ite end place, and de	28f. LOCA City of 201	ATION (Street end Nun or Town, State) SPARKS so(e) end menner as end place, end due t	onber or flural CT . F stated.	Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF CEATH 1 Natural 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one)	28e. DATE OF II 28e. DATE OF II (Month, Day UN KNOWN 28e. PLACE OF building, e HOME	NJURY y, Year) INJURY — At ho ric. (Specify)	UNKNO	OF 28c. 1 Control of the time, d	NURY AT VORK? YES 2 NO No No No No No No No No No	28f. LOCA City of 201	ATION (Street and Nun or Town, State) 1 SPARKS se(e) and menner as and place, and due to 29d.	onber or flural CT . F stated.	BALITO MD
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XM YES 2 NO 27. MANNER OF OEATH 1 Natural 2 Accident 3 Suicide 4 Nomicide 6 COuld not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHY (Check only one)	28e. DATE OF INMONIAN DO UNKNOWN 28e. PLACE OF building, e	NJURY y, Year) I INJURY — At horic. (Specify) my knowledge, de	unkno me, farm, str	OF 28c. I	NURY AT VORK? YES 2 NO No No No No No No No No No	28f. LOCA City of 201 use to the cau the time, date	ATION (Street and Nun or Town, State) 1 SPARKS se(e) and menner as and place, and due to 29d.	of Hydron or Rural CT. I stated. In the cause	Route Number, BAT (TO MD
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF CEATH 1 Natural 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one)	28e. DATE OF INMONIAN DO UNKNOWN 28e. PLACE OF building, e	NJURY y, Year) I INJURY — At horic. (Specify) my knowledge, de	unkno me, farm, str	OF 28c. IN The set, factory, of at the time, do in my opinion	NUMY AT VORKY YES 2 NO Ince	287. LOCA City of 201 use to the cau the time, date	TION (Street and Num or Town, State) 1 SPARKS se(e) and menner as and place, and due t	on the cause O4	Route Number, BALITO MD (e) end menner es stated. D (Month, Dey, Year) 08 1991
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XM YES 2 NO 27. MANNER OF OEATH 1 Natural 2 Accident 3 Suicide 4 Nomicide 6 COuld not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHY (Check only one)	28e. DATE OF INMONIAN DO UNKNOWN 28e. PLACE OF building, e	NJURY y, Year) INJURY — At ho ric. (Specify) Try knowledge, de	unkno me, farm, str	OF 28c. IN The set, factory, of at the time, do in my opinion	NURY AT VORK? YES 2 NO No No No No No No No No No	287. LOCA City of 201 use to the cau the time, date	TION (Street and Num or Town, State) 1 SPARKS se(e) and menner as and place, and due t	on the cause O4	Route Number, BATITO MD (a) end menner ee stated. D (Month, Dey, Year)

COLUMN TO THE PARTY OF THE PART

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ROSSAN

31. DATE FILED (Month, Day, Year)

APR 2 5 199

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

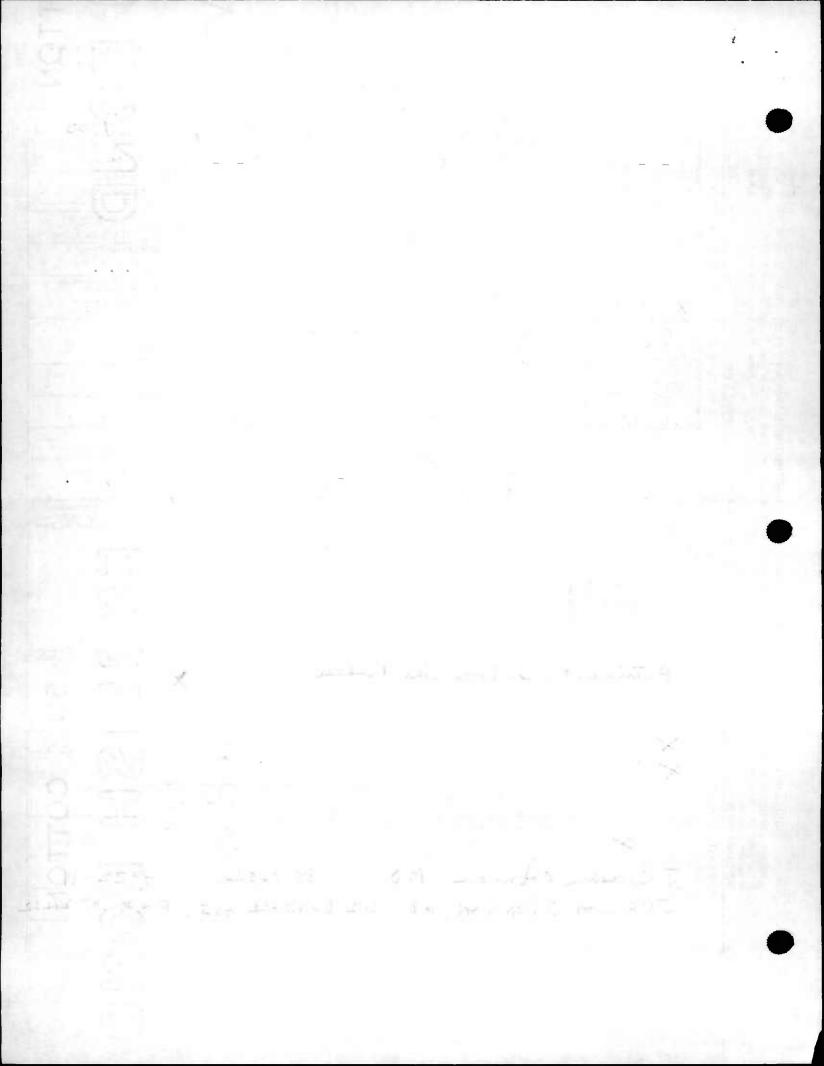
32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)	JOS	SEPHINE		DiM	AGGIO	2. DATE OF DEATH DO APRIL 22.	1991	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign	
068⇔20⊶5925	1 ☐ M 2 X X F	97	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-12-189	13	ITA		
9a. FACILITY NAME (If not institution, give	street and number)				OR LOCATION OF C	EATH	1.0		Y OF OEATH	
7405 SCHOOL LANE		_		DL	INDALK		B	ALTI	ALTIMORE	
10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
NEW YORK					PENFIEL	.D			LIMITS?	
10e. STREET AND NUMBER				10	1. ZIP CODE			IZEN OF	EN OF WHAT COUNTRY?	
1625 5 MILE LINE					526	:6		U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Nivorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 XX WAR OR DATES	MED NO	If yes, s		NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.) fy:	s or No—	14. RAC Blac Spec	E — American Indian, ek, White, atc. city: WHITE	
15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON	16b. KINO OF BU	SINESS/IN	DUSTRY	***************************************	
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	166a	ive kind of Do NOT u	work done during m se retired.)	osl of working					
NONE	N/A			HOME MAK	ŒR		HO	ME		
17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maiden				
ANGELO AMATO					CARA			NOWN		
196. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox			14504	
JOSEPH DIMAGGIO				5 MILE L			IEW Y		14526 own, State	
29s. METHOD OF DISPOSITION XX Burial 2 □ Cremation 3 □ Rec 4 □ Donation 5 □ Other (Specify)	noval from State			v or other place) LCHRE	((warne					
4 C Sommour & C. Similar (spaces)										
21. SIGNATURE OF BENERAL SERVICE L	CENSES /	THULY	SEPU	22. NAME A	ND ADDRESS OF F	ACILITY			NEW YORK	
	Les	4	seru	22. NAME A	RUCK FUN		OF DI	INDA		
21. SIGNATURE OF EMPERAL SERVICE U	complications th	et calueed the de	eth. Do	22. NAME A DUDA- 7922	RUCK FUN WISE AVE	ACILITY ERAL HOME (NUE DUNDA	OF DI LK. I	UNDA I MD	LK, INC. 21222	
23. PART I. Enter the diseases, or ehock, or heart fellure.	complications the	et caused the de use on each line	eeth. Do	22. NAME A DUDA- 7922 not enter the ma	RUCK FUN WISE AVE ode of dying, su	ACILITY ERAL HOME (NUE DUNDA	OF DI LK. I	UNDA I MD	LK, INC. 21222 Approximata interval Betwe	
23. PART I. Enter the diseases, or ehock, or heart fellure.	complications the List only one ce	et caused the de use on each line	eth. Do	22. NAME A DUDA - 7922 not enter the m	RUCK FUN WISE AVE ode of dying, su	ACILITY ERAL HOME (NUE DUNDA	OF DI LK. I	UNDA I MD	LK, INC. 21222 Approximata interval Betwe	
23. PART I. Enter the disease, or ehock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	complications the List only one ce	et caused the de use on each line	eth. Do	22. NAME A DUDA - 7922 not enter the m	RUCK FUN WISE AVE ode of dying, su	ACILITY ERAL HOME (NUE DUNDA	OF DI LK. I	UNDA I MD	LK, INC. 21222	
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DUNDALK AVE.

DHMH-16 Rev 1/89

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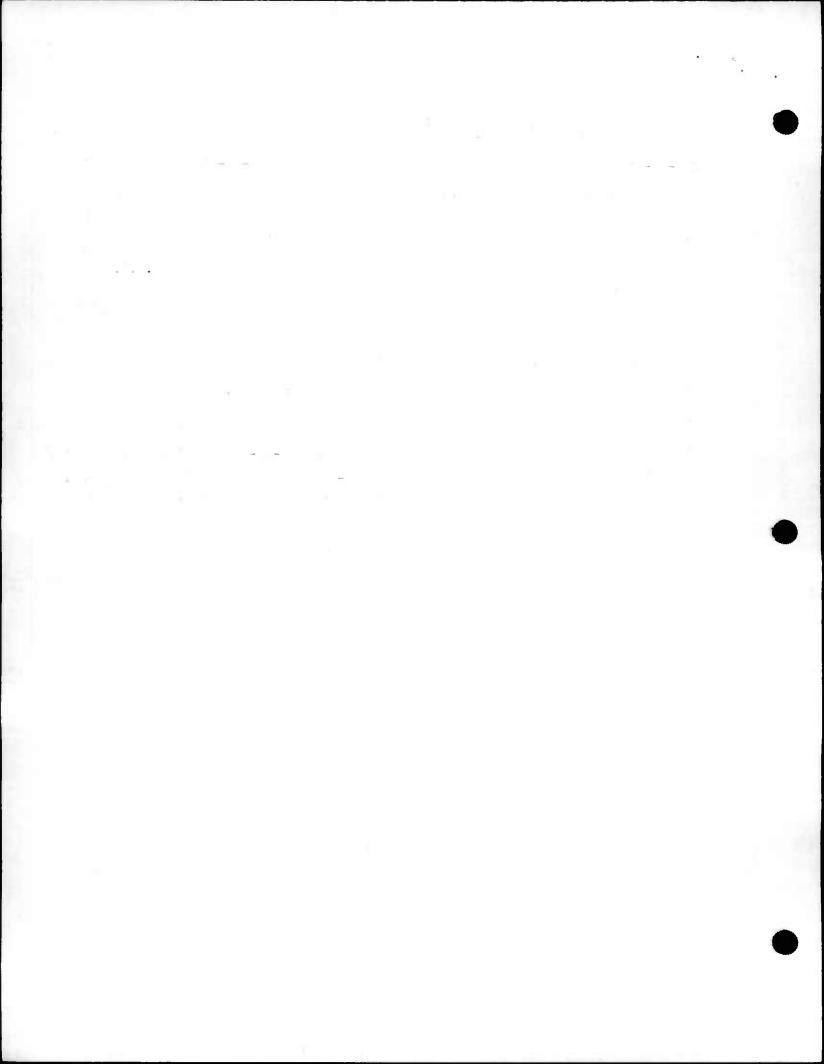
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	TEGISTION				IOAI		DEA			HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ETUEL		·D					2. DATE OF MONTH	DA		YEAR)	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les		IE LINDE	R 1 YEAR	IF UNDES	24 HRS	7. DATE OF	RIBTH	0		8:53 A M
	223-28-0786	1 - M 2 M F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	2-192	5	Count	
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN OR LOCATIO			ON OF DE				NTY OF E		
5	BALTIMORE COUNTY	GENERAL H	HOSPITAL			RANT	ALLS	TOWN			В	ALTI	MORE
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	4-7 July - 1991	1007 21112	_									10d. INSIDE CITY
<u>E</u>		•		10c. CITY, TOWN OR LOCATION BALTIMORE CITY					LIMITS?				
اد	MARYLAND 100. STREET AND NUMBER		M	1		-	I MUK		I Y		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	2104 GWYNN OAK AVE	MIE		21207			u.s			u.s.	A		
5	11. MARITAL STATUS	T EVER IN U.S. AF		13.		CENDENT (OF HISPAN	IIC ORIGIN? (14. RAC	E — American Indian, k, Whita, etc.	
BY	1 Never Married 2 N Married 3 Wildowed 4 Divorced	YES 2 VI				NO			,,		Spec		
	15. DECEDENT'S EDUC	CATION	16a, Df	ECEDENT'S	USUAL (OCCUPATI	ON		16b. K	IND OF BUS	INESS/IN	DUSTRY	WILLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(6	Sive kind of a. Do NOT u	work done	during m	ost of world	ng						
립	4TH GRADE	N/A		BAR	MAID)							
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Mid	dle, Maiden	Surname)		
BE	FLOYD WILLTAM HODO	GE.							NIA E.				
ē	19a, INFORMANT'S NAME (Type/Print)		19			,			Poute Number,			p Code)	
	DERBIE RASH 200. METHOD OF DISPOSITION		20b. PLACE				NBAC		KUAU	212	W	City or To	own, State
	1 Burial 2 Cremation 3 Remo	ovel from State	other p	lace)					25-19			•	
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- I GALLI	MICH	22	NAME A	ND ADDRE	SS OF FA	CILITY		BALTIMORE, MARYLAN		
	Draw +)(C	0 .	DUDA-RUCK FUNERAL HOME 7922 WISE AVENUE DUNDAL									
	23. PART I. Enter the diseases, or o	complications the	t caused the di	eath. Do									Approximata
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one car	se Dn aach line	e.									Intarval Between Onset and Daath
	disease or condition resulting in death)	· Ocu	to mile	NADI	rdial infarction eters disease								
	roading in duding	DUE TO	(OR AS A CONSE	OUENCE O)F):	/	1						
8	Sequentially list conditions,	b. <u>CO</u>	ronary	art	eru	de	Dea	00					
Ĕ	if any, laading to immediata cause. Enter UNDERLYING	DOE TO	(UH AS A CONS	QUENCE	#): ()								
윤	CAUSE (Disease or Injury that Initiated events	C. DUE TO	(OR AS A CONSE	OUENCE O	NF):								
CERTIFICATION	reaulting in death) LAST	d											
	PART II. Other algorificant condition	s contributing to	death but not	resultina	In the u	Inderfylr	na cause	alven in	Part I. 2	4a, WAS AN	AUTOPSY	24	. WERE AUTOPSY FINDINGS
MEDICAL	huspertension			•		,				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
	diabetes	rollitus							— '	☐ YE\$ 2	M NO		DF DEATH? 1 YES 2 NO
- 1													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						PLACE OF	DEATH (Ch	eck only one)				
is	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		me 5 🗆 R	esidence	6 🗆 Other (Specify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L		26b, TIS	ME OF JURY		JURY AT ORK?		28d, DESCI	RIBE HOW I	NJURY O	CCURED	
B	1 Matural 5 Pending 2 Accident Investigation	2000000000			м		YES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — At he etc. (Specify)	ome, term,	street, In	ctory, om	Ce			Town, State)		er or Hural	Route Number,
COMPLET	29a. CERTIFIER									100000-0-			
₽ P	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE												s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			•		-	_	ENSE NUI		, , , , , , , , , , , , , , , , , , ,			D (Month, Day, Year)
BE	(Broton)	MB					200.500	LITOG HUI	ered let 1		▶ DA	/ -	20/91
임	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAL	SE OF DEATH (ITE	ЕМ 27) (Тур	e, Print)		1					10	1 1
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	003							_	_	
- 1	MERGA ANDRE	CHARLES LIELLISON	OCHA-MINE LANG	-									



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending principal and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Merial Hydrografies of burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other transmitte event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
APR 25 1991

32. REGISTRAR'S SIGNATURE

- STATE REGISTRAR		STATE OF N		CERTI	FICATE OF	DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF MONTH	DEATH DAY		YEAR	3. TIME OF	DEATH
LARRY		FOOTS					04	23		91	6:30	P
4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Se Year		8. BIRTH Countr	PLACE (State	or Foreign
217-78-5406		1 🗶 M 2 🗌 F	31	YRS.	MONTHS DAYS	HOURS MIN.	11-2	7-59			MD	
9e. FACILITY NAME (If not inst	titution, give str	eet and number)			9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUN	ITY OF O	EATH	
HARBOR H	OSPITA EDENT	L CENT	ER		BALTIM	ORE CITY						
11.0	10b. COUNTY				TY, TOWN OR LOCA						10d. INSIDE	CITY
MD				GL	EN BURNI	Ε.					1 VES	
104 WARWI	CKSHIR	E LANE			10	1. ZIP CODE 21061				ZEN OF V	VHAT COUNTI	RY?
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS DE	CENOENT OF HISPAN	IIC ORIGIN? (S	Specify Yee	or No—	14. RACI	E — American	Indian,
1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 1 Never Marrie	1,741.1,140.40	FORCES? 1			If yes, sp	pecify Cuban, Mexica S 2 NO Specify	n, Puerto Rica			Black	k, White, atc.	
16 DECE	OENT'S EOUC	ATION		48. DECEDENT	'S USUAL OCCUPATI	ON	404 1/11	NO OF BUSI	NEGO (ING	HOTON		
(Specify only	highest grade c	completed)		(Give kind o	work done during muse retired.)	ost of working	100. KII	NO OF BUSI	ME35/INU	USTRY		
Elementary/Secondary (0-1	12)	College (1-4 or 5	+)		ployed							
17. FATHER'S NAME (First, Mid	ddle Leet				. ,	18. MOTHER'S NA	ME (Elect 142)	da Maldar C	Cumment.	_		
Flebert L.	Foots					Bertha	mi (r'irat, Midd	mu, maruan S	andne)	Ge	е	
19a. INFORMANT'S NAME (%)						and Number or Rural				_		
Bertha Fo	ots			731 F	loundview	Road/ B	alto.	Md.	2122	2.5		
20e. METHOD OF DISPOSITIO		vel from State			TE OF OISPOSITION		DATE		ATION —			
4 Donation 5 Other		ver from State	_ W.	ESTERN"	STAR "CEM	ETERY		CAT	CONSV	ILL	E, MD	
21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE	22. NAME AND ADDRESS OF FAC					FACILITY 21202				
	SIGNATURE OF FORERAL SERVICE LICENSEE				22. NAME A	INO ADDRESS OF FA	OILI I					
Glady Warren						MARCH F		01 E.	. NOF	RTH A	AVENUE	
23. PART I. Entar the dis	sesses, or co	₩ and	at caused	the death. Do	WM.C.	MARCH F	.н. 11				Appro	ximata
shock, or ha	art fallure. L	omplications the	nt caused	the death. Do	WM.C.	MARCH F	.н. 11				Appro	ximata al Betv
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shock, or ha immediates or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death to immediate couse. Enter UNDERLY!P CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant resulting in death) LAST PART II. Other algnificant resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 27. WANNER OF DEATH 1 Netural 5 F. Accident F.	ona, diate NG conditions D MEDICAL Pending investigation Could not be determined OF CERTIFIER	DUE TO DUE TO	COR AS A (OR	CONSEQUENCE CONSEQUENCE CONSEQUENCE It not resultin stient 3 □ DOA 28b. T /91 At home, fern hy) adge, death occuend/or investigs	OF): OF):	MARCH F ode of dying, such and cause given in place of DEATH (C) me 5 Residence JURY AT ORK? YES 2 NO	Part I. 24 Part I. 24 11 12 11 12 26 26 26 26 27 28 10 27 10 10 10 10 10 10 10 10 10 1	ia. WAS AN / PERFORITORY YES 2 Specify) ON (Street e. Own, Stete) WN (e) end man	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24k CURED or Aural	Approintervioles intervioles i	oximata al Betv s and D PSY FIND RIOR TO C OX OX OX OX OX OX OX OX OX OX OX OX OX O

mit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARY REGISTRAR	LAND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I DEATH		GIENE 3. NO.	1 11187
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	18° 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AG		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		BIRTHPLACE (State or Foreign
	217-32-9963 1 G M 2 M F	94 YRS. MO	ONTHS DAYS	HOURS MIN.	5/18	1896	Country) HUNGARY
P G	SINAI HOSPITAL	91	b. CITY, TOWN OF BAI	9c. COUNT	Y OF OEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATI	ON			10d. INSIDE CITY
	MARYLAND	В	ALTIMOR	Œ			LIMITS? 1 X YES 2 NO
AL M	10e. STREET AND NUMBER		10f.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	3923 BANCROFT RD. 11. MARITAL STATUS 12. WAS DECEDENT EVER	WILL ADDED		212			USA
BY FU	1 Never Merried 2 Married S Wildowed 4 Divorced 1 YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPAR city Cuban, Maxica 2 XNO Specifi	n, Puarto Rican, e	olfy Yea or No— 14 rtc.)	I. RACE — American Indian, Black, Whita, atc. Specify: WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S US			18b. KIND	OF BUSINESS/INDUS	
	Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	etired.)	t or working	DEM	Tr Cromu	ING STORE
COMPLETED	10 17. FATHER'S NAME (First, Middle, Last)	OWNER					ITING STORE
	LIPMAN SHIFFELDRIM			18. MOTHER'S NA			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street ar			Or Town, State, Zip Co	
2	MR. SYLVAN FEIT			CT., A			ORE, MD 21208
		20b. PLACE AND DATE Of	F DISPOSITION			oc. LOCATION — Cit	
	4 Donation 5 Other (Specify) 21. SIGNATURE DF FUNERAL SERVICE LICENSEE		ZEDEK	4/2	21/91	BALTIMO	RE, MD
	· Joel D Deur	1	SOL	LEVINS	ON & BRO	OS., INC.	, MD 21215
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	eech lina.		, and	Toophautiy wife	t, Approximate Interval Between Onset end Death	
PHYSICIAN: MEDICAL C	PART ii. Other significent conditione contributing to deeth	but not resulting in t	tha underlying	ceuse given in	P	WAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
IXSI	1 YES 2 NO 1 Impetient 2 ER/O	itpstient 3 DOA 4		5 Residence			
	1 Netural 5 Pending (Month, Day, Year,	28b. TIME O	Y WOI		28d. DEŞCRIBE	HOW INJURY OCCU	RED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJuin building, atc. (S)	RY — At homa, farm, atre-		2 1 10	281. LOCATION (City or Town	(Street and Number or , State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examination						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	H.D.		29c. LICENSE NUI	MBER	29d, DATE 5	SIGNED (Month/Day, Year)
	31. DATE FILED (Month, Day, Year) APR 25 1991 31. DATE FILED (Month, Day, Year)		int)				

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THE PROPERTY OF THE POST OF TH	B.	а	S	4	ı
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٠	TO THE SHALL OR ATTENDING PHYSICIAN; The law requires that the death certificate	THE TANK AREITYPR: After this certificate has been signed by the attending physical	ď	IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other	ı
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GEETHA

RAJA

25 1991

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / D			IEALTH ANI DEATH		REG. NO.	-	<i>3</i> I	11100
	1. DECEDENT'S NAME (First, Middle, Last) ANG	ELINA	Р.	FC	RSYTH	E	MONT	OF DEATH D	1991	AR	20 A. M
	4. SOCIAL SECURITY NUMBER 220-18-5047	5. SEX 1 M 2 F	6. AGE (In yrs. last b	YRS. MON	THE DAYS	IF UNDER 24 HR	. (Mon	OF BIRTH		BIRTHPLAC Country) MARY	E (State or Foreign
~	9a. FACILITY NAME (If not institution, give at			9b.	CITY, TOWN	OR LOCATION OF		,.,	9c. COUNTY		
70	MERIDIAN CATON MAI	NOR NURS	ING HOME		BALTIM	IORE					
- DIRECTOR		TIMORE		10c. CITY, TO	WOODI	AWN				1 [. INSIDE CITY LIMITS? YES 2X NO
FUNERAL	100. STREET AND NUMBER 1561 BARRETT ROAD		- 5		10	21207			10g. CITIZEN	S.A.	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		IT EVER IN U.S. ARME YES 2 X NO WAR OR DATES		If yes, sp	CENDENT OF HIS secify Cuban, Ma 3 2 NO Sp	xican, Puerto		or No- 14.	RACE — A Black, Wh Specify:	American Indian, lita, atc. WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give	DENT'S USUA kind of work of to NOT use reti	done during ma red.)	ost of working			SINESS/INDUS		
OMP	1.2 17. FATHER'S NAME (First, Middle, Last)		SWIT	CH BO	ARD RI	CEPTIONI	-	. R. W. C	REDIT	DATA	N.
BE CC	ANGELO		PATR	INICO	LA			LIVOI			
TO B	19s. INFORMANT'S NAME (Type/Print)	,				and Number or Ru	iral Route Nur	aber, City or Tow	n, State, Zip Co		
_	SPRING METCALF	(DAUGHTE	R) 222			N AVENU	JE, CAT		LE, MAR		
	1 X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	SPRING				1		ESVILL		
	21. SIGNATURE OF FUNERAL SERVICE LIC)	X.		LEROY		USSEL				AL HOMES
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications the	it caused the deet	th. Do not e	nter the mo	ode of dying,	such aa ca	diac or raap	Iratory arrest	,	Approximate interval Between
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	. met	astatic	BIENCE OFF	neas:	t dis	ceous	2 (car	raei)		Onset and Death
NOI	Sequentially list conditions,	b	(OR AS A CONSEOU							i	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEOU	ENCE OF):							
CER	reading in death, Exo.	d									
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	e contributing to	deeth but not rea	uiting in th	e underlyln	g cause given	In Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	AMA COF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 - NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL				LACE OF DEATH	(Check only	one)			
YSI	1 - YES 2 NO		☐ ER/Outpatient 3 ☐	DOA 45		ne 5 🗆 Rasider					
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE Of (Month, L	Day, Year)	28b. TIME ÓF INJURY	M 1 🗆			EŞCRIBE HOW	INJURY OCCUP	RED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE (building,	of INJURY — At hom, etc. (Specify)	e, farm, street	t, factory, offi	e		CATION (Street or Town, State,	and Number or)	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE		f my knowledge, deat							ause(a) and	d manner as stated.
TO BE C		aja M				DQ7	NUMBER 54 /		29d. DATE S		nth, Day, Year) 91
-	30. NAME AND AGORESS OF PERSON WH	U CUMPLETED CAU	ISE OF DEATH RITEM	Z/1 (NOs. Prin	11						

3913 HOLLINS FERRY ROAD, BALTIMORE, MARYLAND

21227

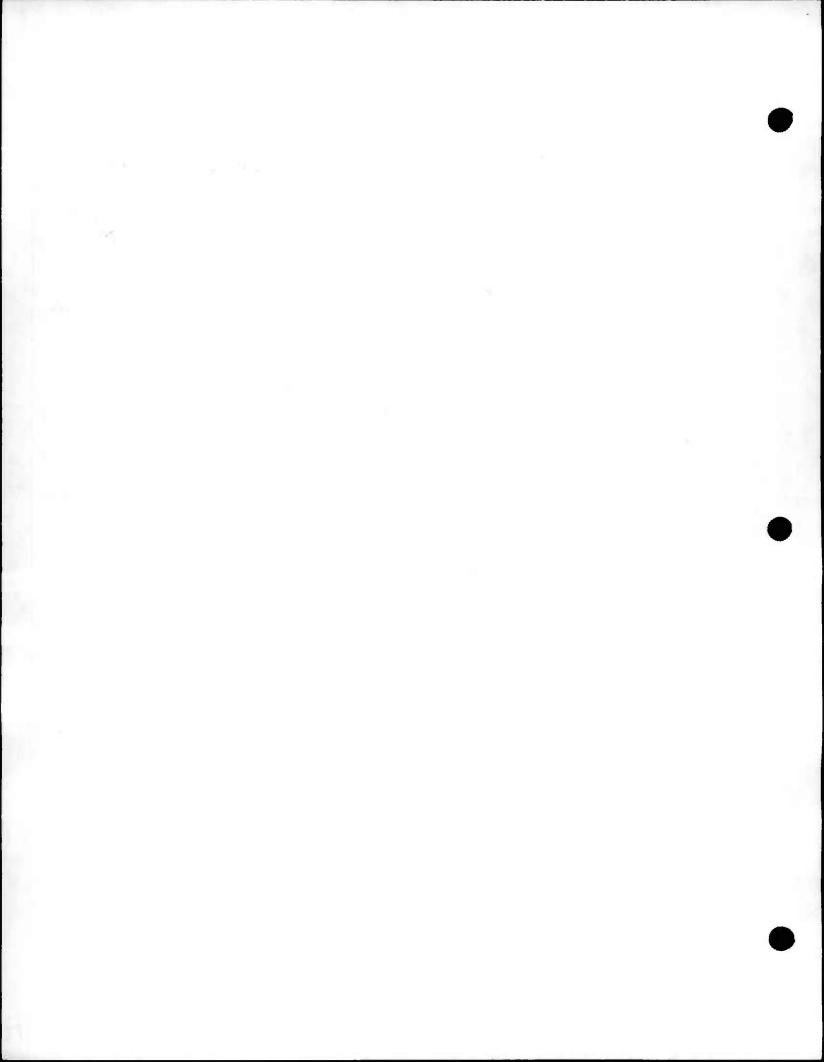


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT			YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIE FULLER,	FALLEN			2. DATE OF D	22, m/91	YEAR 12	E OF DEATH		
	4. SOCIAL SECURITY NUMBER 225 26 6327		YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BI (Mgmh, Day)		s. BIRTHPLACE Country)	: (State or Foreign		
OR	9s. FACILITY NAME (If not institution, give s MARYLAND GENERA			SALTIMORE CI		9c. COUN	TY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY	Y	10c. CITY, TOWN O	R LOCATION BALTIMORE CI	TV	10d. INSIDE CITY LIMITS? 1				
FUNERAL D	100. STREET AND NUMBER 2400 LING	HON AVE	AT 104	10f. ZIP CODE 2 / 2 /	7	10g. CITIZ	EN OF WHAT			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 O YES 2 NO If yes, specify Cuben, Maxican, Puerio Ricen, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Maxican, Puerio Ricen, etc.) 14. RACE Black, V 1 Never Merried 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Maxican, Puerio Ricen, etc.) 16. RACE Black, V 10. RACE								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) College (1-4 or 5+)									
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname)									
2	196. INFORMANT'S NAME (MporPrint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	20e, METHOD OF DISPOSITION 1 A Burlsi 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cornetory, crematory or other place) A RRISON 1-0REST County Mulls Mu									
	21. SIGNATURE OF FUNERAL SERVICE LIN	b. Locks	- Jo 1	ocks 3m	und,	Homes 1	304	n. Centra		
	23. PART 1: Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. METASTATIC CA	ARCINOMA O		h as cardlac	or respiratory arre	eat,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST SEVERE RIGHT LUNG CONCESTION AND EDEMA DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
CAL	PART II. Other significent condition	ns contributing to deeth but no	t resulting in the un	derlying ceuee given in		. WAS AN AUTOPSY PERFORMEO? YES 2 NO	AVAIL COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (Ch	eck only one)					
PHYS	1 ☐ YES 2 ☑NO 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?		ecity) BE HOW INJURY OCC	CURED			
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atreet, fact	1 YES 2 NO	281. LOCATION	N (Street and Number wn, State)	et and Number or Rural Route Number, stel)			
COMPLET	296. CERTIFIER (Check only 1 🔀 CERTIFYING PHYS	SICIAN: To the best of my knowledge, ER: On the basis of examination and/						manner as stated.		
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	m - m	0	29c. LICENSE NU						
ř	30. NAME AND ADDRESS OF PERSON WATER	ON, MD. c	o MARYLAI	ND GENERAL H	O 8 PITA	L	7 1			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	المالات							



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

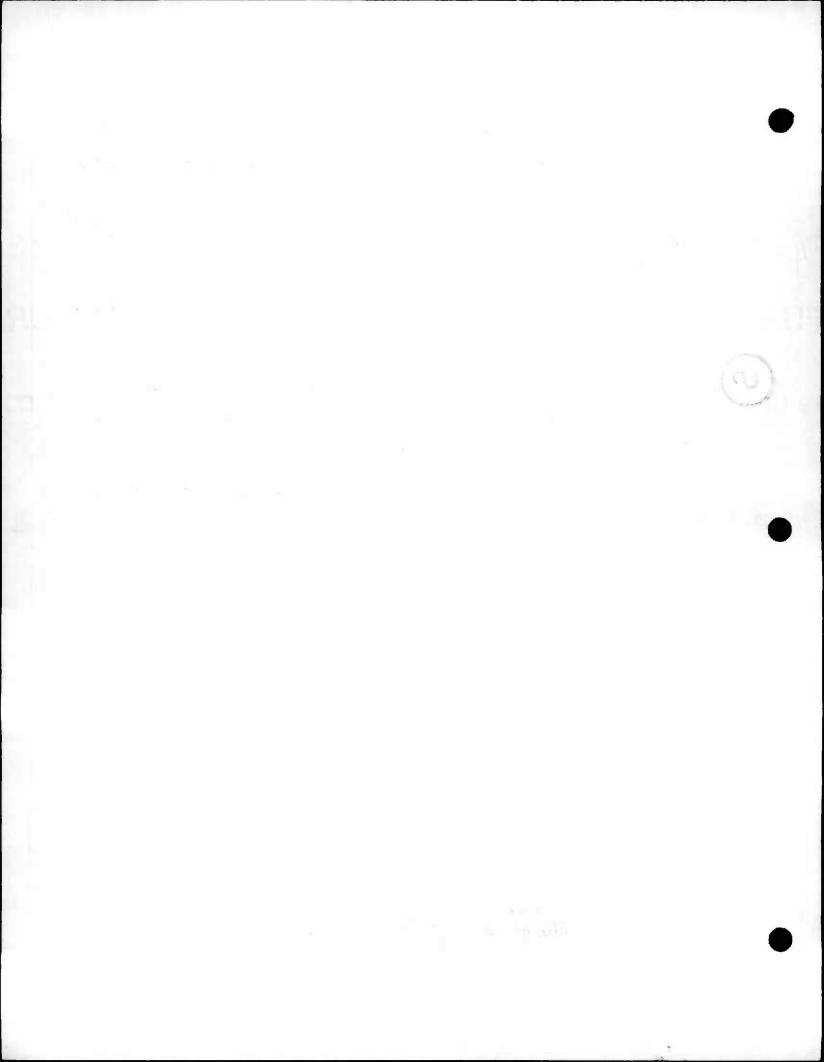
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be rearm. TO THE FUNERAL DIRECTION: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF					MENTAL HYGIENE REG. NO.	
1	RON GOIN	6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.		2. DATE OF DEATH MONTH DAY APRIL 24,	199		
	5. SEX 1 M 2 F	4				7. DATE OF BIRTH (Month, Day, Year)	

1. DECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH	,	YEAR	3. TIME OF DEATH	
THE	RON GOIN	ES					PRIL 24			1:15a	М
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last		UNDER 1 YEA		s. 7. DA1	TE OF BIRTH onth, Day, Year)	12.1	6. BIRTH	IPLACE (State or Foreig	n
	1 M 2 🗆 F	51	YRS.	NTHS DAY	S HOURE MIN		P-15-46	2	Count	md.	- 1
9e. FACILITY NAME (If not institution, give s	treet and number)	1	96	. CITY, TOV	N OR LOCATION O				NTY OF O	EATH	\neg
MARYLAND GE	NERAL HO	SPITAL		BAL	rIMORE C	LTY					_
10a. STATE 10b. COUNTY	1		10c. CITY, TO	OWN OR LO	CATION					10d. INSIDE CITY	
Md.			В	BALTI	MORE CIT	Y				LIMITS?	
10e. STREET AND NUMBER		-			101. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
4320 Clairen	au A	ot # 7	1		2121	13			11,-	5.A.	
11. MARITAL STATUS	12 WAS DECEDE	T EVER IN U.S. ARI	MED		DECENDENT OF HIS			or No-	14. RACI	E — American Indien, k, White, atc.	
1 Never Merried 2 Merried 3 Widowed 4 Divorced		WAR OR DATES	0		, specify Cuben, Me YES 2 NO St		to Hican, atc.)		Spec		
15. DECEDENT'S EDUI (Specify only highest grade		16a. DE	CEDENT'S USI	UAL OCCUP	ATION	1	16b. KIND OF BUS	INESS/INI	DUSTRY	Z/MC/X	
Elementary/Secondery (0-12)	College (1-4 or 5	Hin	Do NOT use re	atired.)	most of working						
17. FATHER'S NAME (First, Middle, Last)	<u></u> .				40 MOTHERS	NAME (El-	st, Middle, Maiden	C			-
T (ines.				Apr	16>	—	5 C	n		
19a. INFORMANT'S NAME (Type/Print)		195	. MAILING AD	DRESS (Str	eet and Number or R	ral Route N	umber, City or Town	, State, Zi	o Code)	3	
Frances Ta	tes	ó	2517	Hol	lins 5	t. B	alter 1	Nd.	210	122	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pla	ice)		cemetery, crematory		20c. LO	CATION —	City or To	own, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		_ We		E AND ADDRESS O		ШЭ«	ITC.	7	a.	$\overline{}$
I Lucut The	a Roc	m 2		3	eph H.	Brown	on Jr. F	un:	era LL	Home	,
23. PART I. Enter the diseases, or a hock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only ons ca El	ND-STAGE	LIV X E	R CI	RRHOSIS	such aa c		500 m		Approximate interval Batw Onset and D	reen
reaulting in death)		O (OR AS A CONSEC				lep	ant.	Cuce	phali	opa Kuy	
Sequantially list conditions, if any, laading to immediate	D	EPATIC EI		LOPAT	CHY	· · ·					
cause. Entar UNDERLYING CAUSE (Disease or Injury	c										
that initiated events reaulting in death) LAST	DUE TO	O (OR AS A CONSEC	DUENCE OF):								
	d										
PART II. Other significant condition	a contributing t	death but not r	eaulting in t	the undar	lying cause give	In Part I.	. 24s. WAS AN PERFOR		24	WERE AUTOPSY FINDS	INGS
							1 TYES 2			COMPLETION OF CAU OF DEATH?	SE
										1 YES 2 NO	- }
											- }
25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF DEATH	Check only	y one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3		THER:	Home 5 - Reside	oce 8 🗆 C	other (Specify)				
27. MANNER OF OEATH	28e. DATE O		28b. TIME C	OF 28c	. INJURY AT	_	OEȘCRIBE HOW I	NJURY O	CCUREO		\dashv
1 Natural 5 Pending	(Month,	Day, Year)	INJUR		WORK? YES 2 NO						
2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE	OF INJURY — At ho	me, farm, atre	et, factory,	office		OCATION (Street		or or Rural	Route Number,	\neg
4 Homicide determined	building	g, atc. (Specify)					City or Town, State)				
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best	of my knowledge, de	ath occurred a	at the time,	data and place, and	due to the	cause(s) and mai	nner as st	rted.		
one) 2 MEDICAL EXAMINE	R: On the besis of	exemination and/or	investigation,	in my opink	on, death occured a	the time, o	sate and place, an	d due to	lhe cause((s) and manner as state	ed.
29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE	NUMBER		29d. DA	TE SIGNE	D (Month, Day, Year)	-
dierre t					200.100			•		24-91	
30. NAME AND ADDRESS OF PERSON WI		USE OF OEATH (ITE	M 27) (Type, Pr	rint)		775			7	,	-
PIERRE EZZI	u uM .D.	c/c	MARYL	AND G	ENERAL H	OSPI	ΓAL				
31. DATE FILEO (Month, Day, Year) 4-24-91	PR 25	99 SIGNATURE	chia Devi	dson-8	andell.						



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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OPENTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OPENTENDING PHYSICIAN: The law requires that the death carried in the carried in the fune of the property of the property of the carried of the property of	
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1 -	FOR STATE	STATE OF MARY								
1.	REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO 2. DATE OF DEATH MONTH D		YEAR 3.	TIME OF DEATH	
í	THEODORE	CREEN	WALD (TH	EODORE (GREENWALD	APRIL 21	1991		7:20 A	М
4.	SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign	,
	129-07-2662	1 🔀 M 2 🗆 F	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) SEPT. 27	1020	Country)	VODIZ	
90	. FACILITY NAME (If not institution, give str	reet and number)	70	9b. CITY, TOWN	OR LOCATION OF DE			TY OF DEAT	YORK	_
	3 POMONA WEST				ESVILLE			TIMOR		_
))}	e. STATE 10b. COUNTY			y, TOWN OR LOC	ATION				INSIDE CITY LIMITS?	
	MARYLAND BALT STREET AND NUMBER	IMORE	PIKE\$VILI		Of, ZIP CODE		1 40 - OFFIS		AT COUNTRY?	_
	E. STREET AND NUMBER				UI. ZIP CODE		10g. CI112	EN OF WHA	II COONTRIT	
	POMONA WEST APT				21208			SA		
11.	MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		CENDENT OF HISPAN	HC ORIGIN? (Specify Ye	a or No—		- Amarican Indian, Vhita, etc.	
	Never Married XX Merried	IF YES, OIVE WAR OR			S 2 NO Specify			Specify:		
4 11	☐ Widowed 4 ☐ Divorced				Λ				WHITE	
	15. DECEDENT'S EDUC		16a. DECEOENT'S			16b. KIND OF BU	SINESS/INDL	JSTRY		
	(Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT u	work done during n se retired.)	nost of working					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) TRANSPORTATION 18a. MOTHER'S NAME (First, Middle, Meiden Surneme)									T	
1	FATHER'S NAME (First, Middle, Last)		EXECT	PPIVE	THE MOTHER NA	ME (First, Middle, Meiden		ALLON		_
						ME (First, Middle, Malden				
: 	MORRIS	GRE	ENWALD		EVA		EIN	BINDE	R	
19	19s. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
MRS. EVELYN GREENWALD 3 POMONA WEST APT. 5, BALTIMORE, MD, (21)										
	a. METHOD OF DISPOSITION	2	Ob. PLACE OF OISPO	SITION (Name of a	emetery, crematory or	20c. LC	CATION - C	ity or Town	, State	
	© Buriel 2 ☐ Cremation 3 ☐ Remo	rval from Stata	other place) OHEB SHA	TOM MEN	A DVDK	DET	STERS	TATATOTT	MD	
- 11-	. SIGNATURE OF FUNERAL SERVICE LIC	ENCEE X	OHED SH		AND ADDRESS OF FA		SIERS	TOMIA!	talb.	_
1	. SIGNATURE OF PUNETAL SERVICE LIC	11-4//			LEVINSON					
	Derseles /	1 le lus	مدرع			STOWN RD.	אר מו	MI	/212151	
-	3. PART I. Enter the diseases or c	omplications that save	ad the death. Do							_
1	shock, or heart fallure. I	List only one cause on	aach line.	not antar tha n	loas of dying, suc	n aa cardiac or reep	aretory arre	out,	Approximate Interval Batw	ееп
10	IMMEDIATE CAUSE (Finel								Onset end De	eath
	isease or condition	onia						24 homs	2	
- 11 "	sautung in quarti)	OUE TO (OR AS	A CONSEQUENCE O	F):					1	
. II	inshibite to cough effectively									2
s	equantially list conditions,		CONSEQUENCE O						72 hours	_
i if	any, leading to immediata ause. Enter UNDERLYING	i (1						1 1000	
	AUSE (Disease or injury		A CONSEQUENCE O		LEP SE) Sea.	
ti	nat initiated events esulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F): 1					i	
• "	soluting in death) Exst	1							ļ	
-	ADT II Other significant condition	a contribution to death	but not consider	In the sendents	lan anusa aluan la	Don't Or Man N	L ALTTORON	245.11	CDC AUTODOX COM	
	ART II. Other eignificent condition	e contributing to death	Dut not resulting	in the dildariy	ing cause given in	PERFO	NAUTOPSY RMED?	A	VERE AUTOPSY FINDII MAILABLE PRIOR TO	
<u> </u>						1 YES	2 1 NO		COMPLETION OF CAUS OF DEATH?	3E
								1	YES 2 -NO	
								1		
. I	WAS CASE REFERRED TO MEDICAL			00	PLACE OF DEATH (Ch	ant ant and				
į "	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (CA	eck only one)				_
25	1 TYES 2 NO	1 Inpetient 2 ER/O		4 - Nursing H	ome 5 🗆 Residence	8 Other (Specify)				
27	MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year			NJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCC	UREO		
	1 Natural 5 Pending Investigation		·		YES 2 NO					
	a C autota	28a. PLACE OF INJU	RY - At home, ferm,	street, factory, of	fice	281. LOCATION (Street		or Rural Roc	ute Number,	
i	4 Homicide 8 Could not be determined	building, etc. (S)	pecify)			City or Town, State	9)			
Z Z	occurrence /					1				
i 21	Crieck Gray	CIAN: To the best of my kno	owledge, death occur	red at the time, d	ste and place, and due	to the cause(s) and m	anner as stat	ed.		
5	onel	R: On the basis of examinal	tion and/or investigati	on, in my opinion	, death occured at the	time, data and place, a	and due to th	e cause(s)	and manner as state	ıd.
111 24	b. SIGNATURE AND TITLE OF CERTIFIER	R			29c. LICENSE NU	MRED	204 DATE	E SIGNED 4	Month, Day, Year)	_
d 1°		Bene, 4D				t hery land		4/21/9		
▖▙					27061	1 Puciny love		1/2/1	1	
- 11 -	. NAME AND ADDRESS OF PERSON WH	O COMBI ETED CAUSE OF								_

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPA, Print)
Richard A. Berg. 40 surfaces; Commercentre East; 1777 Reinford Rd, Pikesville, Ind 21208 32 REGISTRAR'S SIGNATURE

yeura Davidson-Randelle

APR 25 1991

spital or attending physician.	ed for use as the burial-transit permit. Pages 1, 2, 3 should		
YSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician	completely filled in by the funeral director, page 5 should be detact	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
YSICIAN: The law requires that the death certificate be execut	s certificate has been signed by the attending physician and c	ith the State Dept. of Health and Mental Hygiene prior to bunk	3d, or Item 23 shows any injury, or other traumatic
JO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death wi	IMPORTANT: If Item 28 is marke

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YINDALE

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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPAR	RTMENT	OF H	EALTH. DEAT	AND N	MENTAL H	YGIENE EG. NO.	4	
	1. DECEDENT'S NAME (First, Middle, Last) SYLV/A	GOULD	च गेंगे ।	116-	d 2 m	799		2. DATE OF D	DEATH DAY	YEAR 91	3. TIME OF OEATH A
	212-03-0344	M 2 X F 7		IF UNDER 1	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF B (Month, Day	7 /12	Cour	MARYLAND
10H	9a. FACILITY NAME (If not institution, give street as LEVINDALE RESIDENCE OF DECEDENT	nd number)		9b. CITY,		R LOCATION			9c.	COUNTY OF	DEATH
DIRECTOR	10s. STATE 10b. COUNTY	LTIMORE	10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
	10e. STREET AND NUMBER				101	ZIP CODE			109	WHAT COUNTRY?	
FUNERAL	3510 WILD CHERRY RD. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 VES 2 VAN								pecify Yea or N	USA lo- 14. RAG	CE — American Indian, ck, White, atc.
B	3 Widowed 4 Olivorced	F YES, GIVE WAR OR DATES	Λ	1	☐ YES	2 XNO	Specify.		i, etc.)		WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compliance of the complex of		Give kind of life. Do NOT u	SWOMA. OC work done d ise retired.)	luring mo	N st of workin	9		D OF BUSINES		DEPT. STORE
BE CO	17. FATHER'S NAME (First, Middle, Lest) HYMAN ADALMAN					DC	DRA (UI	e, Maiden Sumi NKNOWN)		
5	19a. INFORMANT'S NAME (Type/Print) MR. MARTIN GOULD	1199		3 ADDRESS 27 HI					City or Town, Ste BIA, MD	2104	5
	20s. METHOD OF DISPOSITION 11. Buriel 2 Cremetion 3 Removal fr 2 Donation 5, Other (Specify)	rom State of cemet	CE ANO OAT	y or other pl	ace)	(Nama	4/0	0ATE		ON — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		EW FR	22.1	SOL		NSON	I & BRO	DS., II		
	23. PART I. Enter the diseases or comp shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Stycke DUE TO (OR AS A CON	Ina.		the mo	da of dyl	ng, such	h as cardiac	or respirato	ry erreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	SEQUENCE OF): SEQUENCE OF):									
ERT	that initiated eventa resulting in death) LAST										
MEDICAL	PART II. Other significant conditions con ASCVD Multi-infact 25. WAS CASE REFERRED TO MEDICAL	tope	In the un	P	un	pu	10	PERFORMED YES 2 1	17	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1	SPITAL: Inpatient 2 - ER/Outpatien	3 DOA	OTHER 4 🖾 Nurs	1 :			6 Other (Sp	oec#y)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF IJURY M		URY AT RK? YES 2] NO	28d. OE\$CRI	BE HOW INJUI	RY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm,	street, fact	ory, offic	•			ON (Street and I own, State)	Number or Rurs	il Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my knowledge the basis of examination and									e(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTAFIER	allo M	7				D3	147		d. DATE SIGNI	EO (Month, Day, Year) - 19 - 9/
-		LLO LET	INI	A L	E	GEX	RIA	TRIC	C 7	R.	Balt
	APR 25 1991	32. REGISTRAR'S SIGNATUR									

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THE CHERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nours after death. Page 6 may be retained by the hospital or attending physician.

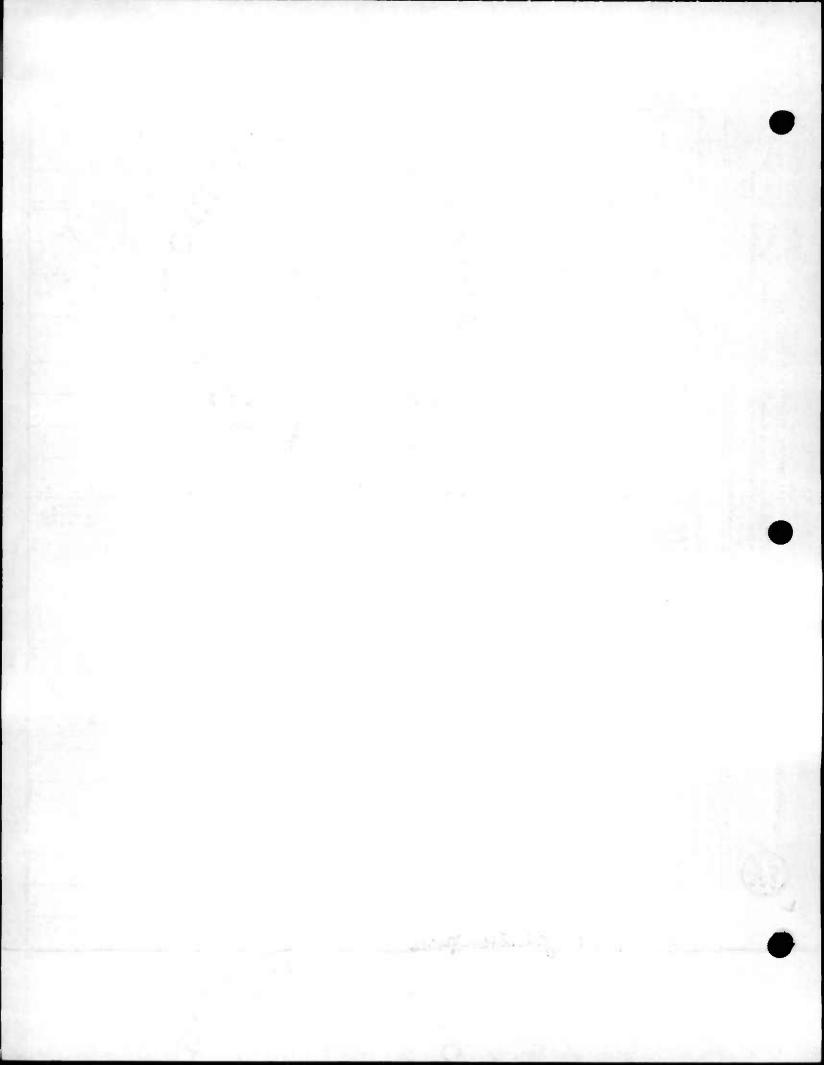
THE CHERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be must after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

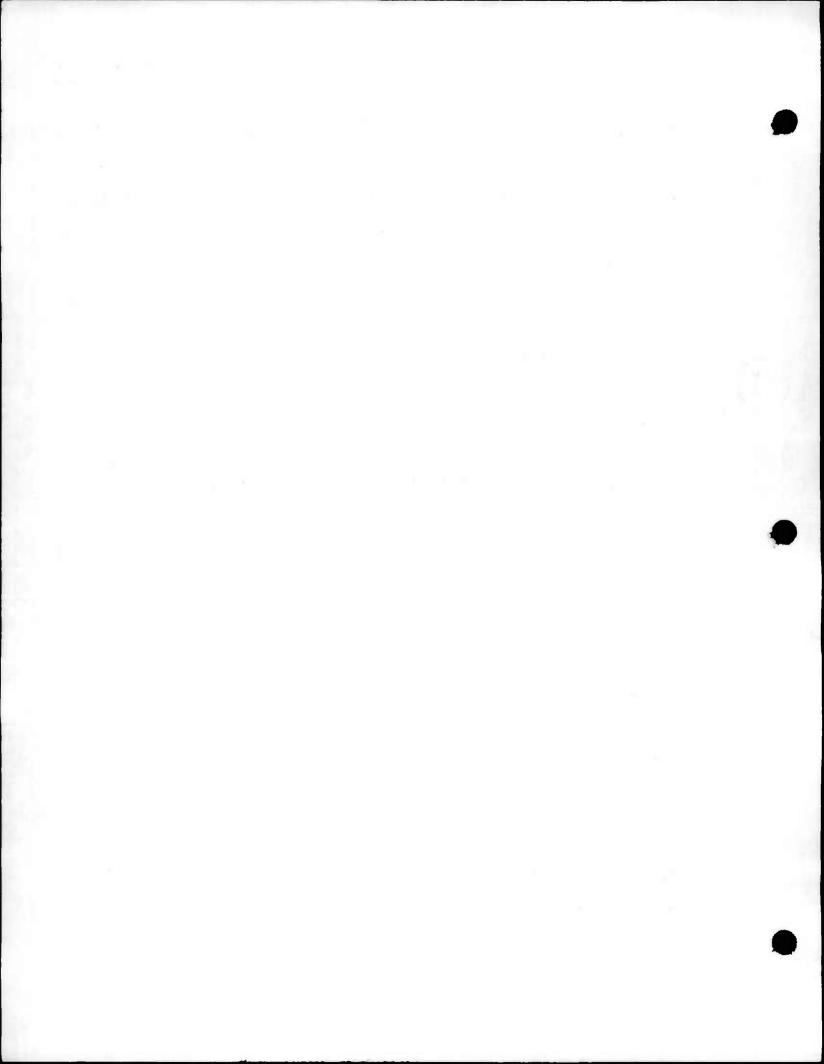
NILIDEE C. GABLER AFFIL 22, 1991 4:00 P. N. ESCOLA SECURITY NUMBERS ESCOLAR OF A SECURITY NUMBER	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH DA	Y VE				
TO THE PART A BANDERS OF THE PART A BANDERS	- 1		and the same of the last of th						4:00 P. M			
ST. ACRUT NAME of Committees of the control of the	- 1	The state of the s					(Month. Day, Year)		Country)			
ST. AGNES HOSPITAL BALTIHORE THE MERCE OF GENERAL DESCRIPTION INC. CITY, TOWN OR LOCATION INC. CITY, TOWN OR CLOSE TOWN INC. CITY OWN OR CLOSE TOWN INC. CITY OWN OR CLOSE TOWN INC. CITY OWN OR CLOSE TOWN INC. THE COME INC. THE COME INC. THE COME INC. CITY OWN OR CLOSE TOWN INC. THE COME INC.			4***	9 YAS.					10 /			
The Symbol a Dromoded by Triangular wand of norths of the Configuration							EATH	96, COUNTY	OF DEAIN			
The Symbol a Dromoded by Triangular wand of norths of the Configuration	9		AL _		BAL	TIMORE		<u> </u>				
The Symbol a Dromoded by Triangular wand of norths of the Configuration	8		r	10c, Cl	TY, TOWN OR LO	CATION		10d. INSIDE CITY				
The Symbol a Dromoded by Triangular wand of norths of the Configuration	늄	MARYLAND BAL	TIMORĖ		CATONSV	ILLE						
The Symbol a Dromoded by Triangular wand of norths of the Configuration	¥	10e. STREET AND NUMBER				101. ZIP CODE	OF WHAT COUNTRY?					
The Symbol a Dromoded by Triangular wand of norths of the Configuration	E	713 MAIDEN CHOIC.	E LANE #	2409		21228		U.S	.A.			
The Symbol a Dromoded by Triangular wand of norths of the Configuration	5		12. WAS DECEDENT E	VER IN U.S. ARMED YES 2V NO				RACE — American Indian, Black, White, etc.				
Security Security			IF YES, GIVE WAR	OR DATES				775 P	Specify: WHITE			
CHARLES W. HAHNE The Information of previous of the Previous City of Part State (1998) The Information of			CATION	16a DECEDENT	S USUAL OCCUP	TION	16b. KIND OF BUS	SINESS/INDUST				
CHARLES W. HAHNE The Information of previous of the Previous City of Part State (1998) The Information of	=	(Specify only highest grade	completed)	(Give kind of life. Do NOT	f work done during use retired.)	most of working						
CHARLES W. HAHNE The Information of previous of the Previous City of Part State (1998) The Information of	2		College (1-4 or 5+)	номемак	ER		OWN HO	ME.				
CHARLES W. HAHNE The Information of previous of the Previous City of Part State (1998) The Information of	OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA						
THE MAINT AND CONSANTS NAME (Types*Print) The MAINT AND CONSTRUCT OF The MAINT AND CONSTRUCT OF The MAINT AND CONSTRUCT OF THE M												
20. METHOD OF DISPOSITION 20. FLACE OF DISPOSITION 1 20. LOCATION - City or Town, Statis 2 Disposition 2 D												
The management of the properties of the proper		DORIS B. HELFRIC	H (DAUGHT	ER) 2312	WONDERV	IEW ROAD,	TIMONIUM, M	IARYLAN	D 21093			
THE TRUE CREMATURY 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART I. Enter the diseases, or complications that clupfed the deeth. Do not enter that mode of dyling, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such line. MMEDIATE CAUSE (Final Research or complications) IMMEDIATE CAUSE (Final Research or complications) But to (on as a Consequence or): Court to (on as		20s. METHOD OF DISPOSITION	ound from State	20b. PLACE OF DISPO	OSITION (Name of	N (Name of cametery, crematory or 20c. LOCATION — City or Town, St						
LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART I. Enter the diseases, or complications that obuyed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inheritable shock, or heart lifture. List only one cause on each line. IMMEDIATE CAUSE (Final Review) and indexth or cause of the cause of the cause of condition resulting in death) But to con as a construction of the conditions of the cause of the cau			EMATORY		CATO	NSVILL	E, MARYLAND					
23. PART I. Enter the disease), or complications that cluyed the deeth. Do not enter that mode of dying, such as cardiac or respiratory arrest, abock, or heart fallure. List only one cause on each line. WMEDIATE CAUSE (Final disease or conditions and the cluyed the deeth. Do not enter that mode of dying, such as cardiac or respiratory arrest. WMEDIATE CAUSE (Final disease or conditions are uniting in death) Sequentially list conditions, if any, leading to immediate cause. Enter INDERTING AUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 28. PLACE OF DEATH (Check only one) PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 28. PLACE OF DEATH (Check only one) PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) 20. Death and Death And Death and Death and Death and Death and Death and Death and Death and Death and Death and Death and Death and Death and Death		21. SIGNATURE OF FUNERAL SERVICE LI	1.FR	AND ADDRESS OF FA	ACILITY ISSETT C W	TTTTE	FUNEDAL HOMES					
## Sequentially list conditions and the part of the As A Consciouence on: Sequentially list conditions are end best of as A Consciouence on:		K. Clais	Note	1								
IMMEDIATE CAUSE (Final disease or condition realiting in death) Obe 19 (of As A Consequence or):	1				not entar tha	moda of dylng, su	ch aa cardlac or resp	iratory arrest	, Approximate			
AND CONTINUED TO COMPLETE DOUBLE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. CASTIFIER 20. COURT ON DEATH (Check only one) 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V Number of Paral Pours Number of Paral Pours Number 20. CONTINER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE OF INJUST V NUMBER 20. DATE SIGNED (Month) Covers on due to the cause(e) and manner as stated. ((OCC) COV) 2 DEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 20. DATE SIGNED (Month) (Doy, Near)		Onset and Death										
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	음						1 🗆 YES	2 NO				
2 Accident Acciden	W							/	1 🗆 YES 2 🖂 10			
2 Accident Acciden	Ë								,			
2 Accident Acciden	CIA		HOSPITAL			. PLACE OF OEATN (C	Check only one)	·				
2 Accident Acciden	YSI		1 inpatient 2 1		4 - Nursing							
28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (State) 28f. LOCATION (State)	F				INJURY	WORK?	28d. DESCRIBE NOW	INJURY OCCUI	RED			
3 Suicide 8 Could not be determined 29s. PLACE FINANCE City or Town, State) 29s. CERTIFIER (Check only one) CERTIFIER (Check one) CERTIFIER (Check	B	land all all a	22 20 122 22									
29d. LICENSE NUMBER 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981) 29d. DATE STORE (MORTH, Day, 1981)			28e. PLACE OF building, et	INJURY — At home, fam ic. (Specify)	n, atreet, factory,	office			Hural Houte Number,			
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DITE S CHUCK, M.D., 6421 Blog DV., Agt. B. Safto-21209	BE	200 SICHATURE AND TITLE OF CERTIFI	and a second	n		29c. LICENSE N	UMBER 4	29d. DATE S	INGNED (Month, Day, Year)			
	5	30 ADAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATN (ITEM 27) (7)	irpe, Print)		N /		D			
		Unite S	Oluck.	M.D.	042	Elvay	PV.A	pr. 15	Dalto-21209			



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH		ITAL HYGIENI	E 21	11177
	1. DECEDENT'S NAME (First, Middle, Last)	ANN MO	NICA HUO	GHES	1 1	DATE OF DEATH	C YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER . 240 86 8581	· · · · · · · · · · · · · · · · · · ·	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER	24 HRS. 7. C	DATE OF BIRTH Month, Day, Year)	8. BIF	TTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give s	1.0		. CITY, TOWN OR LOCATION		1-1933	9c. COUNTY O	reland
DIRECTOR	BALTIMONE W		Q HUSAL					timore Co
	10a. STATE 10b. COUNT	γ	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
腊	MD Bal	timore Co	Gws	nn Oak / T	Woodla	wn		LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
띮	11 B Kingcres	t Court		213	207			
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT O If yes, specify Cubar 1 YES 2 NO	n, Maxican, Pu		B	ACE — American Indian, lack, Whila, atc. Decity: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	g	18b. KIND OF BUS	INESS/INDUSTR	Y
12	Elamentary/Secondary (0-12)	College (1-4 or 5+) 4yrs	100 100 100 100 100 100 100 100 100 100	rancisian :	Sister	Scho	ol Teac	her
N N	17. FATHER'S NAME (First, Middle, Lust)	4915	Ketiled/1			First, Middle, Maiden		HEL
Ü	John Hughes				ary Fr			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number			n, State, Zip Code))
2	Terrance Cox	Nephe	w 203 Lo	odgecliffe (Ct, Ab	ington,	MD 2100	19
	20a. METHOD OF DISPOSITION 1	noval from State	other place)	ON (Name of cemetery, crem	natory or	20c. LO	CATION — City or	r Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEERona/1d Wa	de,Dir	22. NAME AND ADDRES	SS OF FACILIT	Y State	Anatomy	Board
	1 omand	Man	4/22/91	655 W. Ba	altimo		_	
	23. PART I. Entar the diseases, or shock, or heert fellure.	complicatione that ceused. Liet only one ceuse on e		enter the mode of dyl	ng, such as	cardiac or reepi	retory arrest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. heret.	i fa	.lv-e				Oneet and Death
Н	Tousing in docting	DUB O (OR AS /	A CONSEQUENCE OF):					Α,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS /	CONSEQUENCE OF):					
2	CAUSE (Disease or Injury	C						
間	that initieted events resulting in deeth) LAST	DUE 10 (OR AS A	CONSEQUENCE OF):					
병		d						
CAL	PART II. Other eignificant condition	ne contributing to deeth b	out not reculting in	the underlying ceuse of	given in Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	- Seasis	•				1 🗌 YES 2	NO	COMPLETION DF CAUSE OF DEATH?
MEDI	- Muncho	- tobran						1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF D	EATH (Check o	nly one)		
잃	EXAMINER?	HOSPITAL:		THER:				
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME (F 28c. INJURY AT		. DESCRIBE HOW I	NJURY OCCURED)
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJUR	Y WORK? M 1 YES 2	□NO			
ED B	3 Suicida 8 Could not be	28a, PLACE OF INJURY	/ — At home, farm, atre city)	et, factory, offica	281	. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,
	29a. CERTIFIER							
COMPLET	(Check only	SICIAN: To the best of my know IER: On the basis of examination	-	•				se(a) and manner as stated.
	295. SIGNATURE AND TITLE OF CERTIFIE	ER ()	Α.	29c. LICI	ENSE NUMBER		29d. DATE SIGI	NED (Month, Day, Year)
) BE	mel		e r	-D DS	2712	3	► 41-	21(91
욘	30. NAM AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P)	(m) Rinten	40	MO	21136	
	31. AFR 25 7991	32. REGISTRAR'S SIGN	ande 22			,		



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		C	ERTIFIC	ATE OF	DEATH		REG. N	0.		
1. DECEDENT'S NAME (First, Mic	ldie, Last)					2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
KARL JOHN HEI	LLMANN					04		2.3	91	4:47
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			PLACE (State or Foreign
175-14-1809	1 M 2 F	70	YRS.	ONTHS DAYS	HOURS MIN.	08	th, Day, Year)	1920	PENI	NSYLVANIA
9a. FACILITY NAME (If not institu	tion, give street and number)	,,,	9	b. CITY, TOWN	OR LOCATION OF D		2.3		NTY OF O	
NORTH A	ARUNDEL HO	SPITAL		GLEN	BURNIE			AI	NE	ARUNDEL
	b. COUNTY		10c. CITY,	TOWN OR LOCA	TION					10d, INSIDE CITY
MARYLAND	ANNE ARUNDEL		GLEN	BURNI	E.				LIMITS?	
10e. STREET AND NUMBER	INITE INCIDED		T OBEL		f. ZIP CODE	10g. CITIZE			IZEN OF W	HAT COUNTRY?
2713 WRENWAY					21060			U.	S.A.	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AI	RMEO		CENDENT OF HISPA	NIC ORIGII	N? (Specify)			
1 Never Married 2 Mar 3 Wildowed 4 Divorced	ried FORCES?	1 X YES 2 WAR OR DATES		If yes, sp	ecity Cuban, Mexic 2 X NO Spec	xican, Puarto Rican, atc.) Black, White, a specify: Specify:				
15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION						168	b. KIND OF B	USINESS/IN	DUSTRY	
(Specify only hig Elementary/Secondary (0-12)	hest grade completed)	(0	Sive kind of wore. Do NOT use	rk done during m	ost of working		1070 to 1070 17			
12 th								NGHOUS	42	
17. FATHER'S NAME (First, Middle			OFERVI	JUK	16. MOTHER'S N) Li	
							ייכד דיתון			
ROBERT	HELLMANN	14	h MAII INO A	DDDEEP /Own -	MARGAR		JANE		JTLEF	
19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route MAINET TRIE U UETTMANINI 2712 LIDENIUAV CIEN BIIDN										
MADELINE H. HELLMANN 2713 WRENWAY GLEN BURNIE, MD 21060 208. METHOD OF DISPOSITION (Name OATE 20c. LOCATION — City or Town										
1 X Burisi 2 - Cremation		of comptan	v cromatory or	r other place)	·	OAT				
4 Donation 5 Other (Sp. 21, SIGNATURE OF FUNERAL S		_ MARYI	AND V		CEMETER		26 CR()WNSVI	LLE,	MD
21. SIGNATURE OF FUNERAL S	ENVICE LICENSEE	1			NO ACCRESS OF F ETON FUN		HOME			
1 / Xe	- Hypks	in						T RIID	UTF	MD 21061
disease or condition resulting in death) a. Cardiac Arrest oue to (or as a consequence of): Di toted Cardianujo fatuy Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cardiac Arrest oue to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									2 years	
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?							. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
-										1 TES 2 NO
25. WAS CASE REFERRED TO MEXAMINER? 1 VES 2 NO	HOSPITAL:	ER/Outpatient		OTHER:	me 5 - Residence					
	28s. DATE C (Month, estigation	Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOV	V INJURY O	CURED	
3 Suicide 6 Co	28e. PLACE	OF INJURY — At h g, etc. (Specify)	ome, farm, str	est, factory, offi	ce	281, LO C/t)	CATION (Streety or Town, Sta	et and Numbe	er or Rural i	Route Number,
cone)	ING PHYSICIAN: To the best EXAMINER: On the basis of									a) and menner as stated.
296. SIGNATURE AND TITLE OF	J. 1/046			2	29c. LICENSE N	UMBER 1/22		29d. DA	TE SIGNED	(Month, Day, Year)
Kevin J.	Oyle, M.D.				ive,#20)6 G	len f	Burni	e,M	aryland21

BALTIMORE, MARYLAND 2 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed wittin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

transit permit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89

The state of the s

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TO THE POSSIAN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FORMER OFFICIAL: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 2. DATE OF OEATH MONTH YEAR BEATRICE 20 1 SAACS 91 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 - F 213-09-8934 04 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAL HOSPITAL BALTIMOTE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD 1 XYES 2 NO BALTIMORE 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? APT. 1-C 6942 MILEROOK PARK DR 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1. Never Married 2 Married BY WHITE 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 BOOKKEEPER NATIONAL PHARMACUTICALS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ROTENBERG LENA MORRIS BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 GERTRUDE ISAACS 6942 MILBROOK PARK DR., APT. 1-C 21215 BALTO., MD 20a METHOD OF DISPOSITION
15 Buriel 2 Cremation 3 Ren
1 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State BNAI REUBEN **4**/22/91 ROSEDALE, MD 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND AODRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, 21215 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. Lifet only one cause on each line. **Approximate** Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition RESPIRATIONEY FMIMRE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PREUMMIA CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ? ASPINATION CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events MATERIED resulting in death) LAST MENTAL (TAILS PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 28e, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural
Accident 1 YES 2 NO COMPLETED BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and ma 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE RESIDENT PHYSICIN 20/91

SINAT HOSPITAL

MICHAEL 6 VIRATA ALLE STATE SE NO PHILLIP

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BATIMORE

APP 25 TEST Silver Spring

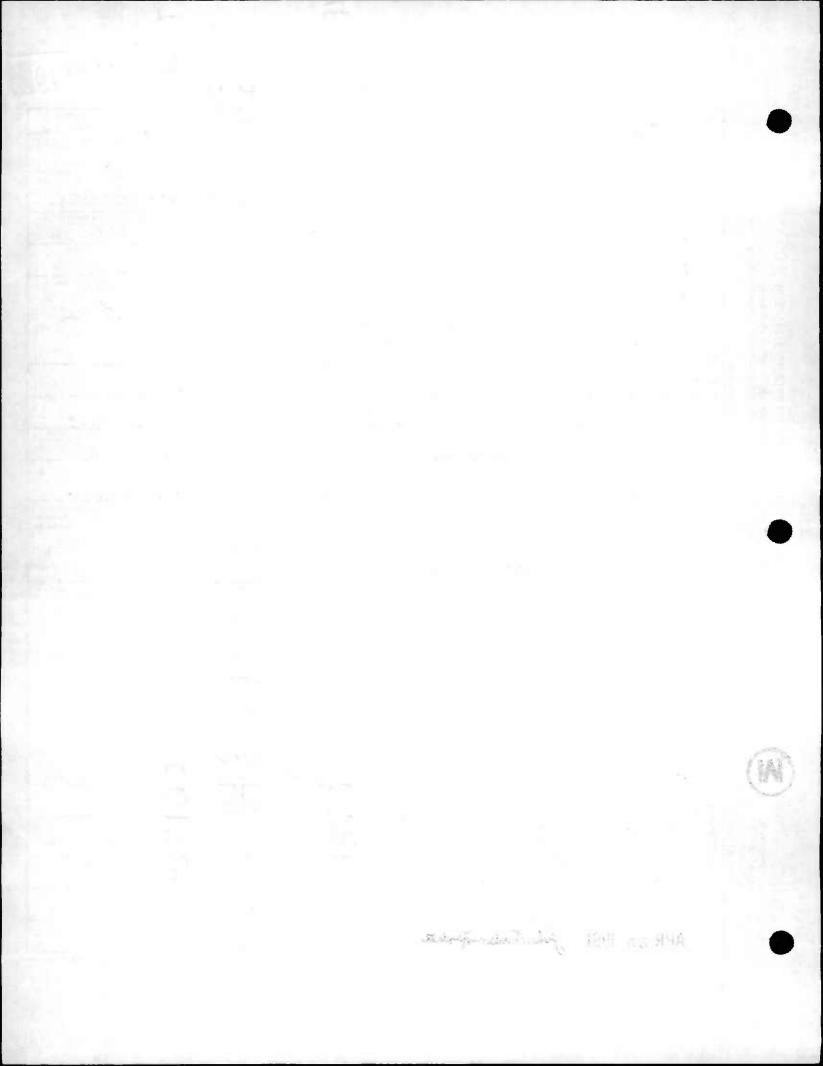
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IMPORTANT: If them 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
and the second s	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the insured that the law requires that the attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Merrial Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.
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FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND I	MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)	(Last)			2. DATE OF DEATH	i gi	3. TIME OF DEATH 08:40 A M	
4. SOCIAL SECURITY NUMBER 213-30-6953	5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 59 YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR MONTHS DAYS			7. DATE OF BIRTH (Month, Day, Year) 5 22 3	1 a. Bir	orthplace (State or Foreign Intry) Maryland	
			Baltimore	EATH	9c. COUNTY OF	DEATH	
10a. STATE 10b. COUNTY	E 10b. COUNTY 10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
			101. ZIP CODE 21229				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED			NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	B	14. RACE — American Indian, Black, White, etc. Specify: Black	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of with the book of the b					SINESS/INDUSTRY		
7. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		y Administrat	
Charles Cole 98. INFORMANT'S NAME (Type/Print)	-		DRESS (Street and Number or Rural				
Aaron Johnson Ph. METHOD OF DISPOSITION A Burlai 2 Cremation 3 Remo		11309 N. PLACE AND DATE OF THE THE THE THE THE THE THE THE THE THE			CATION — City or	Town, Stata	
H. SIGNATURE OF FUNERAL SERVICE LIC		ang relici ia	22. NAME AND ADDRESS OF FA March F/H West 4300 Wabash A	CILITY	4411300111	, 1	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A SEIZUR	ENSIO CONSEQUENCE OF):	EBROVASCI N SORDER	ULAR A	C(ID)	Onset and Death	
PART II. Other algorificant conditions DEHYDRAT			HEART	Part I. 24a. WAS APPERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
25. WAS CASE REFERRED TO MEDICAL			26, PLACE OF DEATH (C			OF DEATH? 1 □ YES 2 □ RO	
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER: Nursing Home 5 Residence				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		28d, DESCRIBE HOW	INJURY OCCURED		
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, atree	it, factory, offica	261. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,	
anal			t the time, data and place, and dur n my opinion, death occured at the			se(a) and manner as stated.	
296 SIGNATURE AND TITLE OF CERTIFIER	, M.D.		29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin		Ô .	4	Pattimore, 1	

)		ermit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Titlican has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
VISIDE VITAL RECORDS, P.O. BOX 68760,	ATTER CONTINUES OF THE law requires that the death certificate be executed within 24 h	TITUR THE CHIEF CHIEF HAS been signed by the attending physician and completely filled	a after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	1.28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NO	TO THE HOSPITAL OF	TO THE FUNERAL DIFFE	be filed within 72 hours	IMPORTANT: If Item

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	ones			2. DATE OF DEATH DO Y 2	AY 9 YEAR	3. TIME OF DEATH 0242 AM	
FUNERAL DIRECTOR	239001934	1 0 M 2 19 6	s. last birthday) IF UNDER MONTHS VRS.	DAYS HOURS MIN.		26 count	SC.	
	9a. FACILITY NAME (If not institution, give street of the	maryland	Ba	tim ore	EATH	Beltin	ne Cuty	
	10e. STATE 10b. COUNTY MD Balf	more City	10c. CITY, TOWN C	ltimore			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	1709 W Balt	more St		101. ZIP CODE 21223	3	10g. CITIZEN OF	I.S.a.	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica I YES 2 NO Specify	in, Puerto Rican, atc.)	s or No— 14. RAC Blac Spec	E — American Indian, ck, White, etc.	
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16: completed) College (1-4 or 5+)	n. OECEDENT'S USUAL Of (Give kind of work done life. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Last)	Richardson		16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	Richardson		S (Street and Number or Rural	Route Number, City or Tow	vn, State, Zip Code)	7/277	
	20a. METHOD OF DISPOSITION 1 G Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)		ACE AND DATE OF DISP etary, cremajory or other p	lace) /L	DATE 20c. LO	CATION — City or T	own, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /		NAME AND ADDRESS OF FA	ICILITY 1913	Juneal	M. 21223	
	23. ART I. Entar the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Pneum on	lina. ,	tha moda of dying, suc	ch as cardiac of reap	elratory arrest,	Approximata Interval Between Onset and Daath	
MOIT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	Obstructi	me Pulmor	rany Dise	ase		
CERTIFICATION	CAUSE (Disease Dr injury that initiated events resulting in death) LAST	NSEOUENCE OF):	OF):					
PHYSICIAN: MEDICAL C	Metastatic	contributing to death but	Pulm on		Part I. 24a. WAS AN PERFO	DMED?	NWERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE				/	
	27. MANNER OF DEATH 1 Netural 5 Pending	Netural 5 Pending (Month, Day, Year) thJURY WORK?						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — building, atc. (Specify)	Y — At home, farm, street, factory, office celly)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	u mD		29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)	
F		R 225 GV	seens Sti	Dept of Med	licine Bo	Stinon	m) 2/2/8	
	31. DATE FILED (Month, Day, Year) APR 25 1991	32. REGISTRAR'S SIGNATU	IRE Lefte					

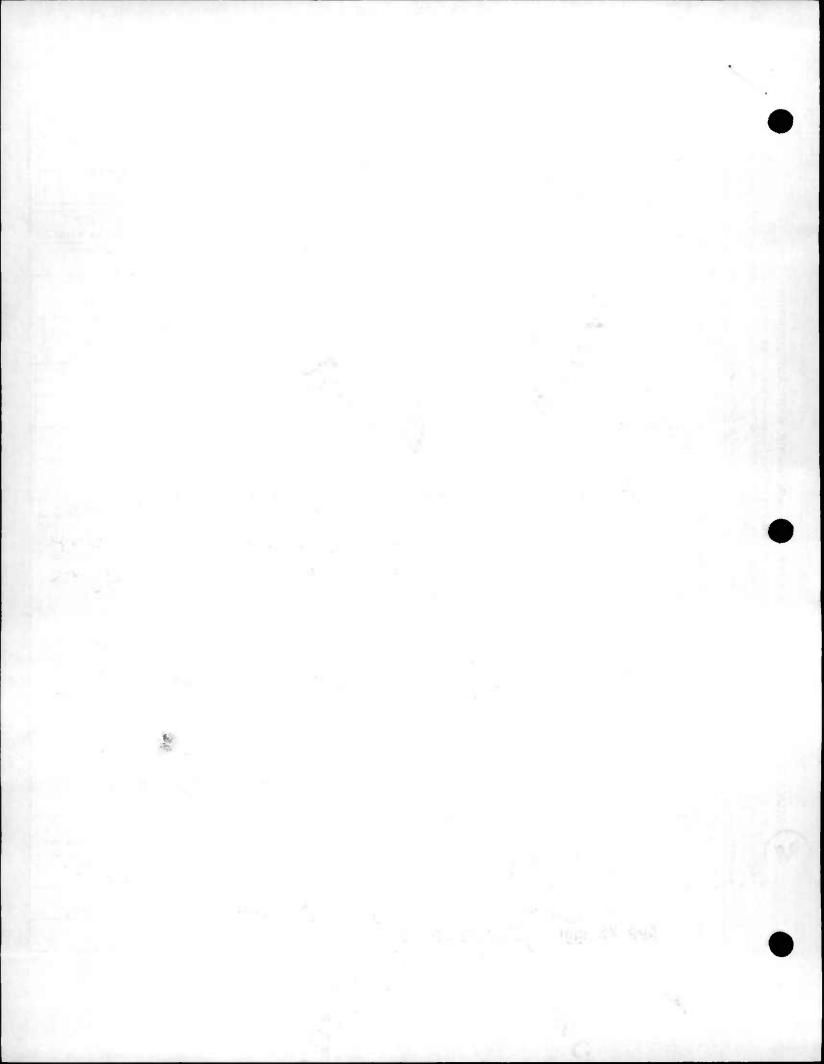


TO THE COSTINU OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPAR	TMENT	OF	HEALTH	AND	MENTAL	HYGIEN	
		C	ERTIF	CATE	OF	DEAT	TH		REG. NO	

•	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIENE REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME DF DEATH
ľ	RICHARD W	ILMER JO	Υ			04 24		YEAR	М
	4. SOCIAL SECURITY NUMBER 5.	5. SEX 6. AGE (In y	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE DF BIRTH (Month, Day, Year)		. BIRTH	PLACE (State or Foreign
· ·	217-07-1792	1 X M 2 □ F 80) YRS.	MONTHS DAYS	HOURS MIN.	A S A S A S A S A S A S A S A S A S A S	910 1		ZLAND.
	9a. FACILITY NAME (If not institution, give street	ot end number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNT		
FUNERAL DIRECTOR	302 GLOUCESTER DRI	IVE		GLEN BU	RNIE		ANNE	ARI	JNDEL
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			T	10d. INSIDE CITY LIMITS?
5	MD ANNE A	ARUNDEL	_ _ (GLEN BUR	NTE				1 VES 2 NO
4	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	EN OF W	HAT COUNTRY?
E	302 GLOUCESTER DR	RIVE			21061		Ш	S.A	
5		12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED			IIC ORIGIN? (Specify Yee n, Puerlo Rican, etc.)	or No- 1	4. RACE Black	— American Indian, , White, etc.
ВУ Г	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR DR DATE			2 X NO Specify				WHITE
	15. OECEDENT'S EDUCAT	TIDAL 1	- DECEDENTY	USUAL OCCUPATION	Na	16b. KIND DF BUS	INESS/INDU	ETDY	
COMPLETED	(Specify only highest grade cor	ompleted)		work done during mo		Maryland			lding
PLE		College (1-4 or 5+) NONE	DOCKMA	AN	. 2	& Dry Do		pou	Tarng
NO	17. FATHER'S NAME (First, Middle, Last)	10112	D001	. LLY	16. MOTHER'S NAI	ME (First, Middle, Meiden S			
	WILLIAM	JOY			CLORA	SC	OUL		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town		Code)	
2	EVELYN C. JOY		SAMI	E AS 10					
	20a, METHOD OF DISPOSITION 1 ◯ Burlal 2 □ Cremation 3 □ Remova	ml from State 0	other place)	SITION (Name of ce			ATION — C		
	4 Donation 5 Other (Specify)	GLE	IN HAVE	N MEMORIA			BUR	NIE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	<i>(</i>)		NO ADDRESS OF FA	CILITY ERAL HOME			
	K Hern	e Hock	in			S.W. GLEN	BURN	IE.	MD 21061
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	mplications that caused t	the death. Do						Approximata Interval Between
	IMMEDIATE CAUSE (Final	At Only one once on car	fi mie.	0 0	1	1 -			Onset and Death
	disease or condition resulting in death)	(My	Dead	et 1	Mos	ha			munes
		DUE TO IOR AS A O	ONSEQUENCE O	MG:	011				2
NO	Sequentially list conditions,	DUE TO OR AS A C	(COO	more					Spean
ATI	If any, leading to immediata cause. Enter UNDERLYING	- Total	N	0					0
FIG	CAUSE (Disease or Injury that Initiated events	DUE TO TOR AS A Q	DHSEQUENCE	OF):					
CERTIFICATION	resulting in death) LAST	- 1	T. 15						
2	Communication of the second se	and the state of the state bear		* *	-11-	I		1	
CAL	PART II. Other algnificent conditions	. 0110			g cause given in	Part I. 24a. WAS AN PERFOR		245	MARLABLE PRIOR TO
	dahan	~> Call C	anus	to de	yer C	1 🗆 YES 2	NO		OF DEATH?
M	Hung	140,201,	013						1 TYES 2 HO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL	(15
5	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	T. 11-1-11-11			
14S	1 VES 2 NO 1	1 Inpatient 2 ER/Outpat	tient 3 DOA		ne 5 Residence	6 ☐ Other (Specify) 28d. DE\$CRIBE HDW II	MJURY OCC	HIRED	
	1 Natural 5 Pending	(Month, Day, Year)	IN IN	W YRULI	ORK?	atte. ouge.nou	100111 01.		
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -	- Al home, farm.			26f. LOCATION (Street a	and Number	or Rural	Route Number,
	4 Homicide 6 Could not be determined	building, etc. (Specif)	y)			City or Town, State)			
Ē	29a. CERTIFIER 1 CERTIFYING PHYSICIA	IAN: To the best of my knowled	death occu	rrad at the time, dat	e and place, and du	to the cause(e) end mar	war as state	ed	
COMPLETED	Correct oray	: On the besis of examination							a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CONTIFIER	nn		22.	LICENSE NU				O (Month, Day, Year)
8	X 1.1	200			1374	38)	12	41	2051
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (7)/	ou, Right)	2	~ /	1	1 10	1
	1600 (re	an Hv	7	Color	· Bur	ander 1	lo	2	1061
	31. DATE FILED (MONTH, 25 1991	32. MEGISTRAB'S SIGNAT	~- Randell	2					·



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	nin 24 hours after deat
D. BOX 68760	rtificate be executed with
L RECORDS, P.0	law requires that the death ce
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL CONTITENDIN PHYSICIAN: The
	Ě

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) CLAUDE C		VE	MP	2. DAT	E OF DEATH TH DAY 22	91	3. TIME OF DEATH 9:53 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. lest birthday)		IF UNDER 24 HRS. 7. DAT	OF BIRTH	8. BIRTI	IPLACE (State or Foreig
	578 01 2322	1 反 M 2 🗆 F	90 YRS.	MONTHS DAYS		ith, Day, Year) 30–1900	Ala	nbama
۳ ا	98. FACILITY NAME (If not institution, give a NORTH ARUNDEL HO			96. CITY, TOWN OR GLEN B	LOCATION OF DEATH	9c. C0	OUNTY OF D	COUNTY
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			TOWN OR LOCATIO			A.A.	
DIRE		Arundel		adena	N			10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO
ERAL	10e. STREET AND NUMBER		1 43		IP CODE	10g. C	ITIZEN OF	WHAT COUNTRY?
NEA	8209 Forest Gl				21122		U.S.A	
FUN	11. MARITAL STATUS 1 Never Merried 2 K Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, speci	IDENT OF HISPANIC ORIG Ify Cuban, Mexican, Puerto √ NO Specify:		Blac	E — American Indian, k, White, etc.
B√	3 Widowed 4 Divorced	1922-1925		1 🗆 YES 2	уд но зрасну.		Spec	White
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT'S U (Give kind of we life. Do NOT use	JSUAL OCCUPATION ork done during most retired.)	of working	b. KIND OF BUSINESS/	INDUSTRY	
2	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		tendent		Navy Engi	neeri	ng Statio
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First	Middle, Maiden Surneme	9)	
BE		orge C. Kemp				nnie E. Hi		
၉	19a. INFORMANT'S NAME (Type/Print) Edith M. Kemp			·	Number or Rural Route Nu			2 2112
	20s. WETHOD OF DISPOSITION	201	. PLACE AND DATE	OF DISPOSITION (len Drive	TE 20c. LOCATION		
- 4	1 Burlet 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	M	cemetary, crematory deadowride	ge Memor:	ial Park 4-	25 Baltimo	ore, l	Maryland
event, the medical	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. ### DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A):		- 2	=5		
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST							
MEDICAL	PART II. Other algnificent condition	me contributing to deeth be wellive	hear			24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	SY 24	b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	CE OF DEATH (Check only		_	
	27. MANNEB OF DEATH 1 Netural S Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJUI	RY AT 28d. D	EȘCRIBE HOW INJURY	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	At home, farm, s		281. LC	OCATION (Street and Num ty or Town, State)	nber or Rural	Route Number,
COMPLETED	anal and	ICIAN: To the best of my know						s) and manner es str
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R SMS	Za	w	29c, LICENSE NUMBER	7 29d.	DATE SIGNE	74/9/
5	30. NAME AND ADDRESS OF PERSON WI							
	JAMES J BENJAMIN	, M.D./653 O	LD MILL F	ROAD/MILL	ERSVILLE.	MARYLAND 2	1108	

M.D./653 OLD MILL ROAD/MILLERSVILLE, MARYLAND 21108

32. REGISTRAR'S SIGNATURE

DEVILOR—REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

1991

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3. TIME OF DEATH

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

DHMH-16 Rev 1/89

Approximata Interval Between Onset and Death

2:30pm

YEAR

1991

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

Norman

5. SEX

ā	VISION	V OF V	ITAL	OF VITAL RECORDS, P.O. BOX 13146,	P.0.	BOX	13146,	
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- 1	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	MONTHS C	EAR	HOURS I	HRS.	7. DATE OF BI	RTH Visar)		8. BIRTHI Country	PLACE (State or Foreign
		XX M 2 □ F	23	YRS.	MONTHS	ATS	HOURS	MIN.	6-10-6	57'		MD.	
_	96. FACILITY NAME (# not institution, give Maryland Gene		- n1				r LOCATION Limore				9c. COU	NTY OF DE	ATH
ē I	RESIDENCE OF DECEDENT	Lai nospit	Lai			оаті	LIMOTE	5 01	. L y		L		
Signal Property of the	10e. STAFE 10b. COUN	TY		10c. CIT	TY, TOWN OR	LOCATIO	ON					Т	10d. INSIDE CITY
DIRECTOR	MD			BAL	TIMORE								LIMITS?
FUNERAL	5627 LOTHIAN RO.		F100			101.	21212	2			10g. CIT		BA.
ĭ ĭ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES	2 NO	lt y	es, spe		Mexicen,	C ORIGIN? (Sp Puerlo Ricen,		or No		- American Indian, White, etc. Black
	15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)		16a. DECEDENT'S	work done dur				16b. KINI	OF BUS	SINESS/ING	OUSTRY	
COMPLET	9th Grade	College (1-4 or 5 +	+)	Unemp	100								
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAMI	E (First, Middle	Maiden	Sumame)		
BE	Leonard Loc	kett					Mary				Thom	pson	
2	19e. INFORMANT'S NAME (Type/Print)								oute Number, Ci				
-	Mary Loc	kett		5627 I					imore	, Md	. 2	1212	
1	20e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	moval from State		PLACE OF DISPO								City or To	
	4 Donetion 5 Other (Specify)		_ V	oshell						Bal	t 1mo	re, l	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NA	ME ANI	D ADDRESS	OF FACI	LITY				21202
	Dladus	Wa	سعيد	\supset	WM	.C.	MARC	HF.	н. 11	01 E	. NO	RTH A	AVENUE
CERTIFICATION	MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. DUE TO	(OR AS A (OR AS A (N FAILU CONSEQUENCE CONSEQUEN	OF):	ARY	EDEM	MC1	e P	ulr	non	ary a.	Conset and Dad
EDICAL	PART II. Other algorificant condition HIV POSITIVE			e Defic			_			WAS AN PERFOR		24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ξ													1 TYES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpa	ntient 3 🗆 DOA	OTHER:		ACE OF DEA			eclfy)			
	27. MANNER OF DEATH	28b. TII				26d, DEŞCRIE	186. DEŞCRIBE HOW INJURY OCCURED						
	1 Natural 5 Pending 2 Accident Investigatio		m 1 TES										
TED BY PHYS	2 Accident Investigatio 3 Suicide 6 Could not b	28e. PLACE C	OF INJURY	— At home, ferm,	street, factor	y, office						er or Rural F	Poute Number,
B	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only) 1 CERTIFYING PH	28e. PLACE C building,	atc. (Special	iy) edge, death occur	rred at the tim	e, date	end place, a	and due to	City or To	end mad	nner ee str	sted.	oute Number,

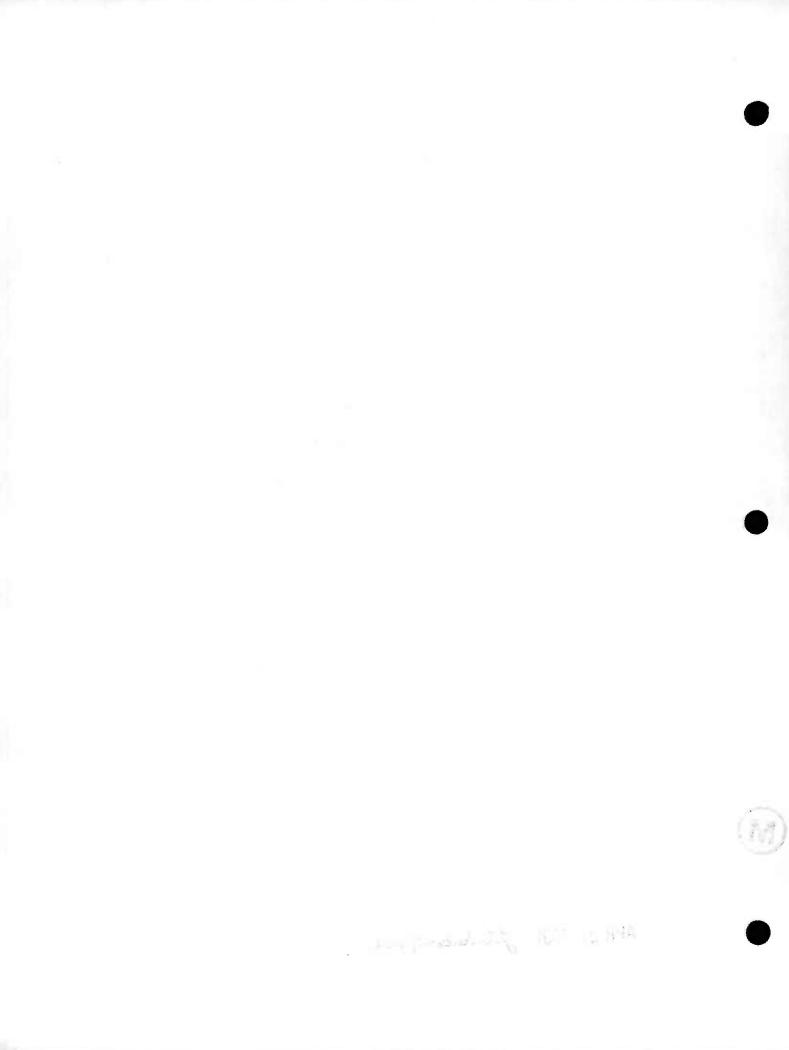
32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Lockett

2. DATE OF DEATH DAY

April 18,



DHMH-16 Rev 1/69

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RECORDS,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND .	/ DEPARTMENT	OF H	IEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			MENTAL HYGIEN REG. NO.	E		
1, DECEDENT'S NAME (First, Middle, Last	A	2			2. DATE OF DEATH DATE OF 1/2 2	4 9	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 2/7/6/393	5. SEX 6. AGE (I		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dly, Year) 12/13/	0	IRTHPLACE (State or Foreign ountry) [aryland	
9a. FACILITY NAME (If not institution, give Harbor Hospital RESIDENCE OF DECEDENT			эь сту, тожи Baltii	or location of de more Ci	ty	9c. COUNTY	DF DEATH	
10a. STATE 10b. COUN	m nne Arundel		TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO	
100. STREET AND NUMBER 3807 Annapoli		1 242		21227		10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR DA World War	2 NO ATES	If yes, s		HC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S U	ork done during m retired.)	ION osl of working	186. KIND OF BUS			
17. FATHER'S NAME (First, Middle, Last)	rank Lamke	Macmini	.50	18. MOTHER'S NA	ME (First, Middle, Meiden Sophie K	Surname)	<u>. </u>	
19a. INFORMANT'S NAME (Type/Print) Anna Sherman 20a. METHOD OF DISPOSITION	20h		S. Curl	y Street			land 21224	
1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1	moval from State	other place) Cedar Hil	1 Cemet	ery AND ADDRESS OF FA	Bal ciuty nce Funera	timore, 1 Home	Maryland	
iMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions,	s. Due to (or as A		ARREST				Approximata Interval Betwee Oneat and Deat	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST								
PART II. Other eignificant condition	ona contributing to death b	out not resulting in	n tha underlyl	ng cause given in	Part I. 24s. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (Ch	neck only one)			
1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	patient 3 X DOA		me 5 Realdence		zify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		26b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO		BE HOW INJURY OCCURED		
3 Suicide 6 Could not be 4 Homicide determined	28e. PŁACE OF INJURY building, atc. (Spec	clfy)	treet, factory, on	ic.	28f. LOCATION (Street City or Town, State		urai Houle Number,	
I Cornect Offiny	YSICIAN: To the best of my know NER: On the beals of examination						use(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU	MBER	29d. DATE SIG	CNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON I			100	NCY DETT.				
31, DATE FILED (Month, Day, Year)	Julia Davidson		Lus	5				

7 .3

8. BIRTHPLACE (State or Foreign Balto., MD.

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

3. TIME OF OEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

Specify: Black

Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

, and dus to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

EREDIT

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

31. PAPR 25-1991

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	III LTI	1630L				4 -	-23-	1	6-1	
4. SOCIAL SECURITY NUMBER 218-03-0331	5. SEX 8. AG		IF UNDER 1	DAYS HOURS	R 24 HRS. MIN.	7. DATE OF (Month, E	BIRTH Day, Year)	917	Balto.	
	treet and number)	,,,	эь. сіту, Ва	TOWN OR LOCAT	ion of de				Y OF DEATH	
RESIDENCE OF DECEDENT 10a. STATE MD.	1	10c. CI	ry, town of Ba	altimo	re				10d. INSIDE	
100. STREET AND NUMBER 22 S. Athol A	venue			101. ZIP COI 2 I	229			_	EN OF WHAT COUNTS	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE	S 2 NO	H	yes, specify Cub	en, Mexica	n, Puerto Ric	Specify Yes (an, etc.)	or No—	4. RACE — American Black, White, etc. Specify: Black	
		(Give kind of life, Do NOT u	work done di ise retired.)	uring most of work		18b. K	IND OF BUSI	INESS/INDU	STRY	
17. FATHER'S NAME (First, Middle, Last) George Lamb	son			18. MO	THER'S NA Ann	ME (First, Mig 11e V	idje, Majden S 10 I a	Surname)	1	
Delores Baptiste 198. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 633 Augusta Ave. Balto., MD. 21229										
4 🗋 Genetion 5 🗆 Other (Specify)	(metary, cremator	y or other all	DRREST	ESS OF FA	CILITY	200. LOC	SINGS	Mills, Mode	
23. PART I. Enter tha diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A SPIRI	ATION	Pr	JEUI			c or reapir	ratory arre	at, Approinterv	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	SEPTI	CIM							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	outpatient 3 DOA		l:			Specify)	-		
27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR	Y 28b. TI	ME OF	28c. INJURY AT WORK?				NJURY OCC	JRED	
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJU- building, etc. (S	JRY — At home, term, ipecify)	street, facto	ory, office		281, LOCAT City or	TON (Street at Town, State)	ind Number o	or Rural Route Number,	
contact any	market and the second second									
D		2	1	29c. LI					SIGNED (Month, Day,	
	4. SOCIAL SECURITY NUMBER 218-03-0331 9a. FACILITY NAME (# not institution, give s Liberty Med. RESIDENCE OF DECEDENT 10a. STATE MD. 10b. STREET AND NUMBER 22 S. Athol A 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Micidie, Lest) George Lamb 19a. INFORMANT'S NAME (Type/Print) Delores Bapti 24. METHOD, OF DISPOSITION 10 Burlel 12 Cramation 3 Ram 4 Denastyn 5 Other (Specify) 23. PART I. Enter tha diseases, or ahock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pending investigation 3 Buicide 8 Could not be determined 4 Hemicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINIC PHYS (Check only One) 1 CERTIFYING PHYS (Check only One) 2 MEDICAL EXAMINIC PHY	4. SOCIAL SECURITY NUMBER 2 18 - 03 - 0331 9a. FACILITY NAME (II not institution, give street and number) Liberty Med. Ctr. FRESIDENCE OF DECEDENT 10a. STATE MD. 10a. STREET AND NUMBER 22 S. Athol Avenue 11. MARITAL STATUS 10. LOVENTY 11. Marital STATUS 11. Mover Married 12. WAS DECEDENT EVER FORCES? 1 Never Married 13. Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) George Lambson 19a. INFORMANT'S NAME (Type/Print) Delores Baptiste 24b. METHOD OF DISPOSITION 19b. Burtal 2 Cremation 3 Removal from Stata 4 Qenyable 5 Colter (Specify) 25. PART I. Enter tha diseases, or complications that cause abock, or heart fallure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) 25. PART II. Enter tha diseases, or complications that cause abock, or heart fallure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 The part of the death of the cause of the cause. Enter UNDENLYING 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 The part of the cause of the cause of the cause. Enter UNDENLYING 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 The part of the cause of the cause of the cause of the cause. Enter Undenly in the cause of the	4. SOCIAL SECURITY NUMBER 218-03-0331 98. FACILITY NAME (If not healthulon, give street and number) Liberty Med. Ctr. RESIDENCE OF DECEDENT 108. COUNTY 109. STATE 109. STATE 109. COUNTY 109. STATE 11 Never Married 2 Married 3 Windowed 4 Divorced 11. MARITAL STATUS 11 Never Married 2 Married 3 Windowed 4 Divorced 15. DECEDENT'S EDUCATION 169. INFORMANT'S NAME (First, Middle, Lest) 17. FATHER'S NAME (First, Middle, Lest) 180. INFORMANT'S NAME (First, Middle, Lest) 180. METHOO, OF DISPOSITION 180 METHOO, OF DIS	4. SOCIAL SECURITY NAME (** not histitution, give street and number)* 9a. PACILITY NAME (** not histitution, give street and number)* 10b. STATE* 10b. COUNTY Med. Ctr. RESIDENCE OF DECEDENT* 10b. STATE* 10b. COUNTY Med. Ctr. 10b. STATE* 10b. COUNTY Med. Ctr. 10b. STATE* 10b. COUNTY Med. Ctr. 10b. STATE* 10b. COUNTY Med. Ctr. 11b. STATE* 10b. COUNTY Med. Ctr. 11c. STATE* 10b. COUNTY Med. Ctr. 11c. STATE* 11d. STATUS 10b. COUNTY Med. Ctr. 11d. STATE* 11d. STATUS 10b. COUNTY Med. Ctr. 11d. STATUS 10b. COUNTY Med. Ctr. 11d. STATUS 11d	4. SOCIAL SECURITY NUMBER 2 18 - 03 - 0 33 1 5. SEX 2 18 - 03 - 0 33 1 5. SEX 3 18 - SALE (In yz. last bethody) 5. FACILITY NAME (If not institution, give street and number) 5. FACILITY NAME (If not institution, give street and number) 100. CTY. TOWN OR LOCAL BAILTIMO 100. STREET AND NUMBER 22 S. A Athol A Venue 11. MARITAL STATUS 11. NAME (Fact Maried 2 Married 3 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 2 PORCESP 1 PORCESP 2 PORCESP 2 PORCESP 2 PORCESP 2 PORCESP 3	4. SOCIAL SECURITY NUMBER 218-03-0331 5. SEX 218-03-0331 5. SEX 73 YRS. SOCIAL SECURITY MARE (If not institution, pive state and runchor) 1. SERVICE AND SERVICE OF DECEDENT 1. SERVICE OF DECEDENT 1. SERVICE OF DECEDENT 1. SERVICE OF DECEDENT 1. SERVICE OF DECEDENT 1. MARITAL STATUS 1. MA	### SOCIAL SECURITY NUMBER 218 - 03 - 0331 S.SEX S. AGE (in yrs. last birthody) Worths Over House Mark Older One	\$ SOULS SCURTY NUMBER 2 S PAT S AGE (in yrs. bet befinder) Better 1 yram F users 1	SOCIAL SCOURTY NUMBER 21.8 - 0.3 - 0.3 3 1 S. EXE T. AGE (in yrs. for formation) T. DEVENT STATE T. LORGE SHETH T. AGE OF BHITH	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

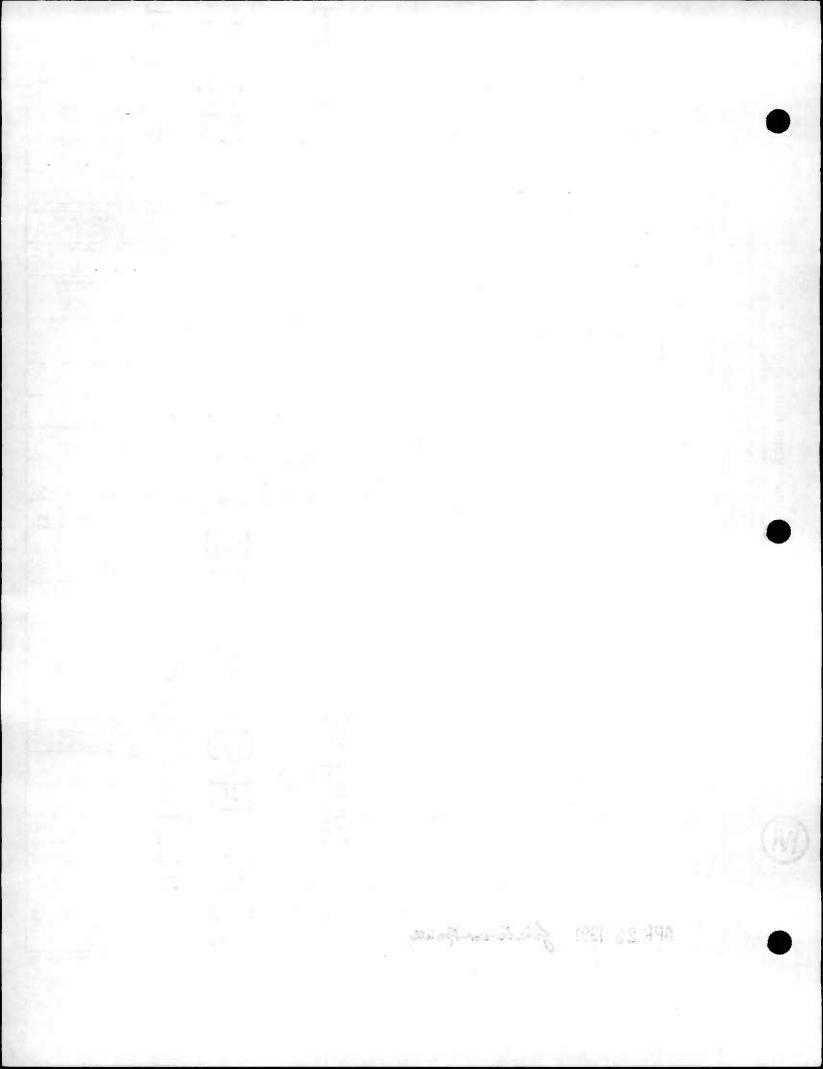
CERTIFICATE OF DEATH

2. DATE OF DEATH

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DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

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31. DATE FILED (Month, Day, Year)

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NG PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the	frer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der		marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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death.	funeral		examin
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11204 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VIOLET MATTHEWS 7:15 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 73 228 16 1236 12-5-191 West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR City Baltimore Harbor Hospital Center RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore 1 🔀 YES 2 🗌 NO Maryland 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21225 4121 Mariban Court U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Ric 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Glue kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi Ē Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker COMPL Housewife 8th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) Joseph Andrew Laudermilk Hattie Leevi BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4121 Mariban Court Baltimore, Maryland 21225 Carl Matthews 20a. METHOD OF DISPOSITION
1

↑ Burlal 2 □ Cramation 3 □ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Cedar Hill Baltimore, Maryland Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 erone names 23. PART I. Enter the diseases, o complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. intarvai Batween Onset and Death IMMEDIATE CAUSE (Final Accident disease or condition rebrovascular resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO CITF COMPLETION OF CAUSE 1 YES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident NIA WATCH NIA 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 Could not be COMPLETED Town State NIM 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, end due to the ceuse(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

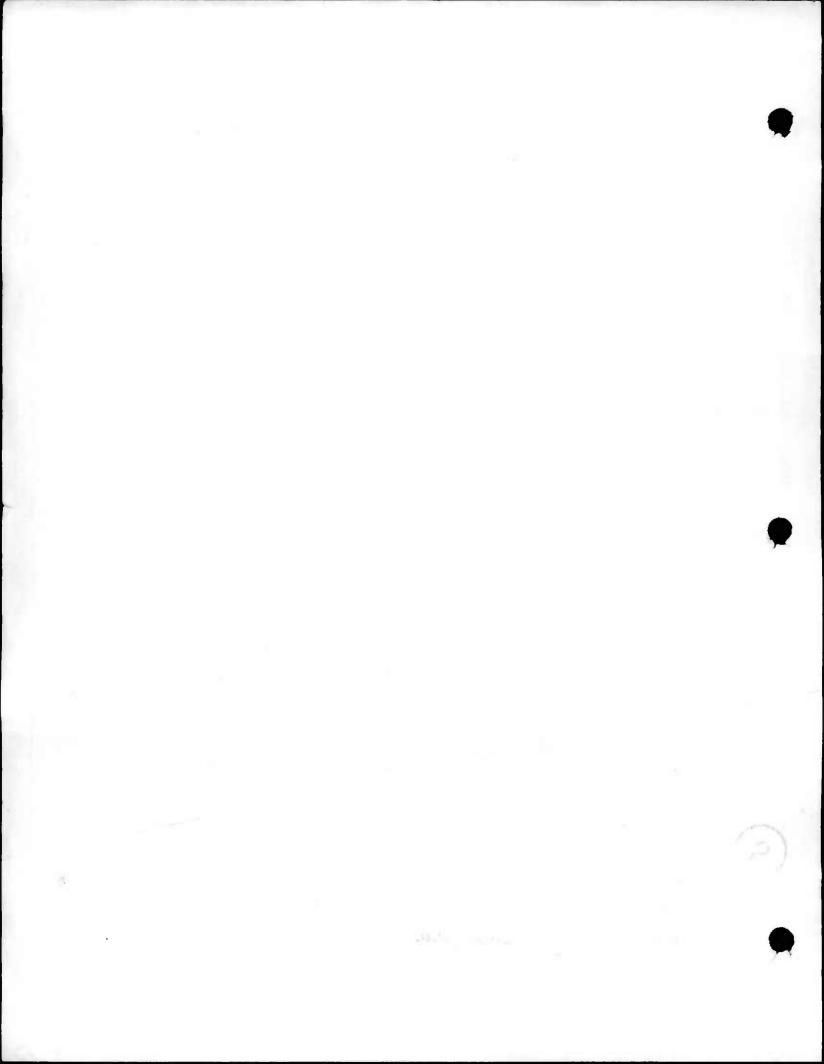
29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 4/24/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) do Hurbor Hospita

TRINIDAD 32. REGISTRAR'S SIGNATURE

Trinidad

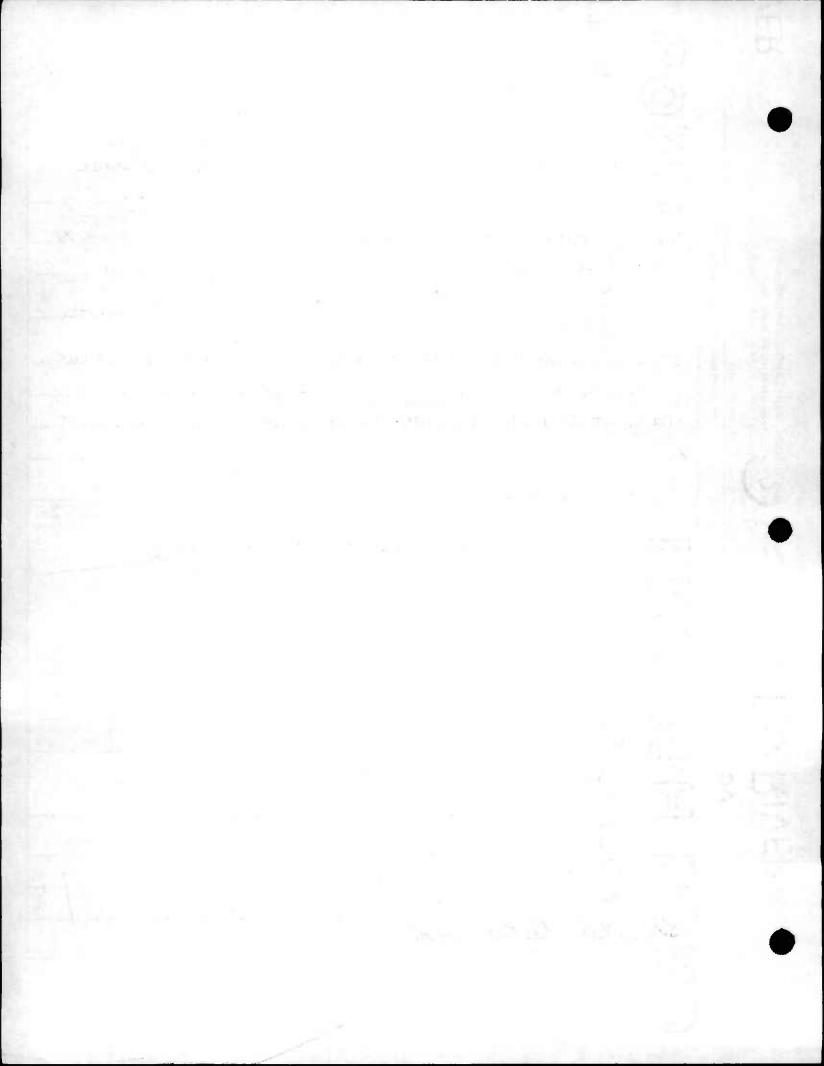
Davidson-Randall



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1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	11205
1. OECEOENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH
DENTINE M	MALILIDAN	MONTH DAY	YEAR	07.25 AM

ŀ	1. OECEOENT'S NAME (First, Middle, Last) BENJAMIN	ſ	MAI	HURIN	2. DATE OF DEATH DAY OF DEATH O7: 35 AM			
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign		
	492-10-0181	1 M 2 🗆 F	79 YRS.	ONTHS DAYS HOURS MIN.	(Morth, Day, Year) 7-9-11	Dodiana.		
OR O	99. FACILITY NAME (If not institution, give s NORTH ARUNDEL HC			GLEN BURNIE		A.A. COUNTY		
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY		
	MD A.A	1. Countre		Tlen Burni	e	LIMITS? 1 YES 2 ND		
¥.	10e. STREET AND NUMBER	0		10f. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?		
FUNERAL	1208 Leon			21040		U.S.A.		
BY FU	11. MARITAL STATUS 1	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 VINO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 TY ND Speci		14. RACE — American Indian, Black, White, atc. Specify:		
- 13	15. DECEDENT'S EDU		16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINESS/IND	OUNITE DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	k done during most of working etired.)	Selling			
<u> </u>	UN	KNOWN	RETISED	Solesman	Mobile +	tomes + Tires.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Melden Surname)			
BE	190. INFORMANT'S NAME (Type/Print)	Mahuri		Des	Sie Cauldu Route Number, City or Town, State, Zig	vell		
일	Margaret S.	Mahuc:	0 1208	1	6 1	(ine 21060		
	20a, METHOD OF DISPOSITION	manur	20b. PLACE AND DATE O			City or Town, State		
	1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from Slate	of cemetary, crematory or	other place)				
	21. SIGNATURE OF FUNERAL SERVICE LI	Ronald	Wade,Dir	22. NAME AND ADDRESS OF F	State Anato	omy Board		
	* anulul 110	1000	4/22/91	655 W. Baltim	ore St, Balto.,			
-7	23. PARTA Enter the diseases, or shock, or heert fellure.	complications that car	used the deeth. Do not	enter the mode of dying, su	ch as cerdlec or respiretory ar	rest, Approximate interval Between		
	IMMEDIATE CAUSE (Fine)	Clar only one couse of	on each line.			Onset and Deeth		
	disease or condition resulting in deeth)	. 1	Da cra,	iel h	emorrhaps	9		
_		OUE TO (OR)	AS A CONSEQUENCE OF)!		1			
0	Sequentielly list conditions, if any, leading to immediate	bDUE TO (DR	AS A CONSEDUENCE OF):					
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c						
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF):					
H	resoluting in deetil) Exist	d						
- 11	PART II. Other eignificent condition	ns contributing to dee	th but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO		
2					1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?		
MEDICAL						1 TES 2 NO		
ÿ								
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE DF DEATH (C	_ 3 - 1			
H	27. MANNER OF DEATH	1 Inpatient 2 ER/	JRY 28b. TIME	☐ Nursing Home 5 ☐ Residence DF 28c. INJURY AT	28d, DESCRIBE HOW INJURY OC	CURED		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear) INJUI	WORK? M 1 YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, farm, str (Specify)	set, factory, office	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,		
	4 Homicide determined							
COMPLETED		IICIAN: To the best of my I	knowledge, death occurred	at the time, data and place, end du	se to the cause(e) end manner as sta	ted.		
Š.	2 MEDICAL EXAMIN	ER: On the basis of examin	nution and/or investigation,	in my opinion, death occured at th	e time, data end place, and due to t	he ceuse(e) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R /	1.	29c. LICENSE N	JMBER 29d. DAT	TE SIGNEO (Month, Dey, Year)		
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CALLER	DEATH (ITEM 27) (See .)	y 18	300	1-21-1		
	// CHADIFS .1	WII M D	•		A GLEN RUDNIE	MARYLAND2106		
	31. DATE FILEO (Month, On Organ	232. REDISTRAR'S		.)!	THE DUNNIE	·		
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PHYSICIAN: MEDICAL

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HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. ARGISTRARIO SIGNATURE POR DELLA

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DIRECTOR

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH DAY 00 CHRR 22 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Sta Country) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF CEATH RESIDENCE OF DECEDENT 10e STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5908 KEY AVE. 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO II. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE American Indian, Black White, etc. If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 XNO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: WHITE 3 Widowed 4 Divorced 15. DECEDENT'S EOUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BARUCK BRAVERMAN SARAH UNKNOWN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code MR. WILLIAM MARK 5908 KEY AVE. BALTIMORE MD 21215 20e. METHOD OF DISPOSITION
1YE Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other Security 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State CHIZUK AMUNO (ARLINGTON) Donation 5 - Other (Specify) 4/24 BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, spock, or heart fallure. List only one cause on each line. Approximate heart fallure. List only one cau Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition alatt days reaulting in death) DUE TO A A A CONSEQUENCE OF Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PERFORMED? COMPLETION OF CAUSE NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 | YES 2 40 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27, MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, date and place, end due to the cause(a) and manner ee stated. 2 MEDICAL EXAM the beete of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and my E AND TITLE OF CERTUR 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day

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HE MOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	DIRECT	hours at	ORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE FUNEDAL OF THE PRINCIPLE IN THE P

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32 MERISTRAT'S SIGNATURE AND DE PLANTE DE LA CONTRACTOR D

Rober Jech

31. DATE FILED (Month, Day, Year)

APR 25 1991

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JULIUS MIRVIS 91 1225 am 21 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, 6. AOE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 8 212-10-7057 OCT.23,1909 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SINAL HOSPITHL OF BALTIMORE BALTO DIRECTOR RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 3809 CLARKS LA., APT. 306 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Ri

1 YES 2 X NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working CH. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) RITE-AID DRUG PHARMACIST 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) HARRY W. MIRVIS SARAH F. GRAZUTAS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ROSE B. MIRVIS 3809 CLARKS LA., APT. 306 BALTO. MD 21215 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) BETH JACOB 4/22/91 FINKSBURG, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. 21215 BALTO MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Preumania CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Lenhoperno CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO Prostate concernetastatic COMPLETION OF CAUSE 1 - YES 2 100 Hyperty sidesm 1 TES 2 NO Diabetes Mulitus PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TYES 2 NO Inpatient 2 - ER/Outpetient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined BE COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

SINALHUSPITAL OF BALTINGRE

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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Exprise the executed within 24 hours after
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	1. DECEOENT'S NAME (First	Middle Lest)							2. DATE OF DEATH		1	TIME OF DEATH
	The state of the s	SELMA	A	MEI	ZLISH				APRIL 19,	1991	VEAR	:50A
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR		4 HRS. 7	7. DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	130-22-6504	4	1 M 2 F	60	YRS.	NONTHS DAYS	HOURS	MIN.	(Month, Day, Year) OCT - 13, 19	30	Country)	YORK
	9a, FACILITY NAME (If not in		treet and number)	- 00		9b. CITY, TOWN	OR LOCATION				TY OF OEAT	
	THE JOHNS		INS HOSP	ITAL		BALT	IMORE					
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					TOWN OR LOC	ATION				104	d. INSIDE CITY
ï	MARYLAND BALTIMORE						ALLSTO	WN				LIMITS?
- 18	10e. STREET AND NUMBER	S.				T	101. ZIP CODE			10g. CITI	ZEN OF WHA	
	8622 WOODSI	PRING B	RD.				21	133		USA	1	
	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S.					ORIGIN? (Specify Yes	or No-	14. RACE — Black, W	American Indian, hita, atc.
	1 Never Married 2 X		IF YES, GIVE	WAR OR DATES	X		ES 2X NO				Specify: 1	WHITE
- 11		EDENT'S EDU		18a.	DECEDENT'S U	ISUAL OCCUPA	TION		16b. KIND OF BU	SINESS/IND	USTRY	
	(Specify on Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+)	Iffe. Do NOT use							
			2		OFF	ICE MAI	NAGER		AP	PAREL	,	
c comrtered	17. FATHER'S NAME (First, A HARRY M. FY							ER'S NAME LILL:	E (First, Middle, Maiden IE BERG	Sumama) STEIN	J	
	19a. INFORMANT'S NAME (WILLIAM ME		_			ADDRESS (Stree			ute Number, City or Tow RANDALLST			1133
	200 METHOD OF DISPOSIT	TION		20b. PLA	CE ANO OATE						City or Town,	•
	1 ☐ Burial 2 ☐ Crematic 4 ☐ Donation 8 ☐ Other	on 3 🗌 Rem	novel from Stata	of cemei	tary, crematory of	or other place)		V. 9	OC. 4/21/			MORE, M
	21. SIUM URE OF FUNERA	L SERVICE LIC	CENSEE /	·	- College	22. NAME	AND ADDRESS	S OF FACIL	LITY			Anny U
	Hoe	X I	to t	e miles					& BROS.,			07.07.5
┪	23. PARTY. Enter the d	liseases, or	complications th	at caused the	death. Do no				as cerdiac or resp			Approximat
	IMMEDIATE CAUSE (Fi		List only one ca	use on each i	line.							Onset and I
	disease or condition resulting in death) a. CARDIOPULIONERY ADREST								5 run			
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5	Sequentially list conditions, b. HYPERCACEMIA DUE TO (OR AS A CONSEQUENCE OF):								2-30A			
₹	if any, leeding to immediate cause. Enter UNDERLYING ONLY OF TASTARC BLEAST CONTROL								>44			
	CAUSE (Disease or injution that initiated events		-	O (OR AS A CON								
CENTIFICATION	reaulting in death) LAS	ST	d									
- 41	PART II. Other aignifica	ant condition	na contributing to	o deeth but n	ot reaulting in	tha underly	ing ceuse gi	iven in P			24b. WE	ERE AUTOPSY FINI
MEDICAL									PERFO	1/	CC	MPLETION OF CA
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5	25. WAS CASE REFERRED 1	TO MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF DE	ATH (Chec	k only one)			
ra raiciale.	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpetlen	R 3 DOA	4 🗌 Nursing H			☐ Other (Specify)			
- 11	27. MANNER OF OEATH	Pending	28a. DATE O (Month,	Day, Year)	28b. TIME INJU	JRY	INJURY AT WORK? YES 2	1111	28d. DEŞCRIBE HOW	INJURY OC	CURED	
	2 Accident	Investigation	28e, PLACE	OF INJURY — A	t home, farm, st	-			281. LOCATION (Street and Number or Rural Route Number,			
3	3 Suicide 8 4 Homicide	Could not be determined	building	g, atc. (Specify)					City or Town, State			
7	29a. CERTIFIER 1 CER	TIFYING PHYS	IICIAN: To the heat	of my knowledge	death cocurs	d at the time of	ate and elec-	and due to	o the cause(a) and ma	inner se stel	ted	
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	29b. SIGNATURE AND TITL	-)		-		NSE NUMB				onth, Day," Year)
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t l	30. NAME ANO ADORESS C	F PERSON W	IO COMPLETEO CA	USE OF DEATH		Print)	(10				4.11	11 (21
IO BE CO	30. NAME ANO ADORESS C		HO COMPLETEO CA	USE OF DEATH							4.11	() (2"
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Mark Jan Barrell Committee of the Commit

1. DECEDENT'S NAME (First, Middle, Last)

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NASH

FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS 1 M 2 TF 214-38-3280 JULY 17. 1905 PENNSYLVANIA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1617 FREDERICK ROAD CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE MARYLAND BALTIMORE CATONSVILLE 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 1617 FREDERICK ROAD funeral director, page 5 should be detached for use as the burial-transit U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried
3 Widowed 4 Divorced BY WHITE ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL TEACHER HOWARD COUNTY SCHOOLS once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ CHARLES KNAPP SCHMIDT BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN NASH (SON) 1221 WHITE MILLS ROAD, CATONSVILLE, MARYLAND 21228 pe 20g_METHOD OF DISPOSITION
1 \(\overline{\chi} \) Burlel 2 \(\overline{\chi} \) Cremation 3 \(\overline{\chi} \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State must ST. PATRICKS CEMETERY 4/25/91 POTTSVILLE, PA. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 101 1630 EDMONDSON AVENUE, CATONSVILLE, MD. has been signed by the attending physician and completely filled in by the 1 Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal. 123 shows any Injury, or other traumatic event. The medical as 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or heart failure. Liet only one cause on erval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 21 reaulting in death) AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item DIRECTOR: After this certificate I hours after death with the State Item 28 is marked, or Item HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ng Home 8 Residence 8 - Other (Specify) 26e, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Soccity) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the best estigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) Wer Entire 29c. LICENSE NUMBER BE D15958 23 2 HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HERBERT J. LEVICKAS M.D. 5404 EAST DRIVE, BALTIMORE. MARYLAND 21227 932. REGISTRAR'S SIGNATURE LINE DEVIDENT APPORTS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 2. DATE OF DEATH DAY

APRIL 23, 1991

3. TIME OF DEATH

4:30 P.

DHMH-16 Rev 1/89

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PHYSICIAN:

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nours after death. Page 6 may be retained by the hospital or attending physician.

ATTENCANG PHYSICIAN; The law requires that the death certificate be executed within 24

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

5

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) CHARLES **MCREYNOLDS** 6. AGE (In yrs. last birthday) 62 67 YRS. 330 16 5251 1 M 2 | F

REG. NO. 2. DATE OF DEATH MONTH YEAR 20 04 91

3. TIME OF OEATH 11:15AM 4. SOCIAL SECURITY NUMBER IF UNDER t YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. July 28,1923 Kentucky 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince Georges Largo 1 VES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOF 10214 Prince Place 20772 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WWII, Kore a 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Pu

1 YES 2 XNO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 3 Salesman Real Estate 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Charles Eric McReynolds Goldie Mae Moore 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) Leone Crown 62976 Route l, Pulaski, IL 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION -- City or Town, State 20s. METHOD OF DISPOSITION

1 🔀 Burial 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) Rose Hill Cemetery 4/24/91 Pulaski 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY
TVes-Pearson Funeral Homes Meteulule Arlington, VA 22201 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heert failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel Cardio pulmonary diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): hencie Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING Coronary CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Coronau PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO (2) metabolie COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO otrolytee 1mbalance 1 TYES 2 NO dualmia 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26, PLACE OF OEATH (Check only one) HOSPITAL:
1 Nonpetient 2 - ER/Outpetient 3 - DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER OF DEATH 26c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 6 Pending Investigation М 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner se stated.

296. SIGNATURE AND TITLE OF CERTIFIER

29d, DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RUSTAGI AVINDER

dus Car

24720 Laudover

29c. LICENSE NUMBER

Ro 20785

APR 25 199 1991

32. REGISTRAR'S SIGNATURE ia Davidson-Rondolle

MI)

HER 25 1351 January

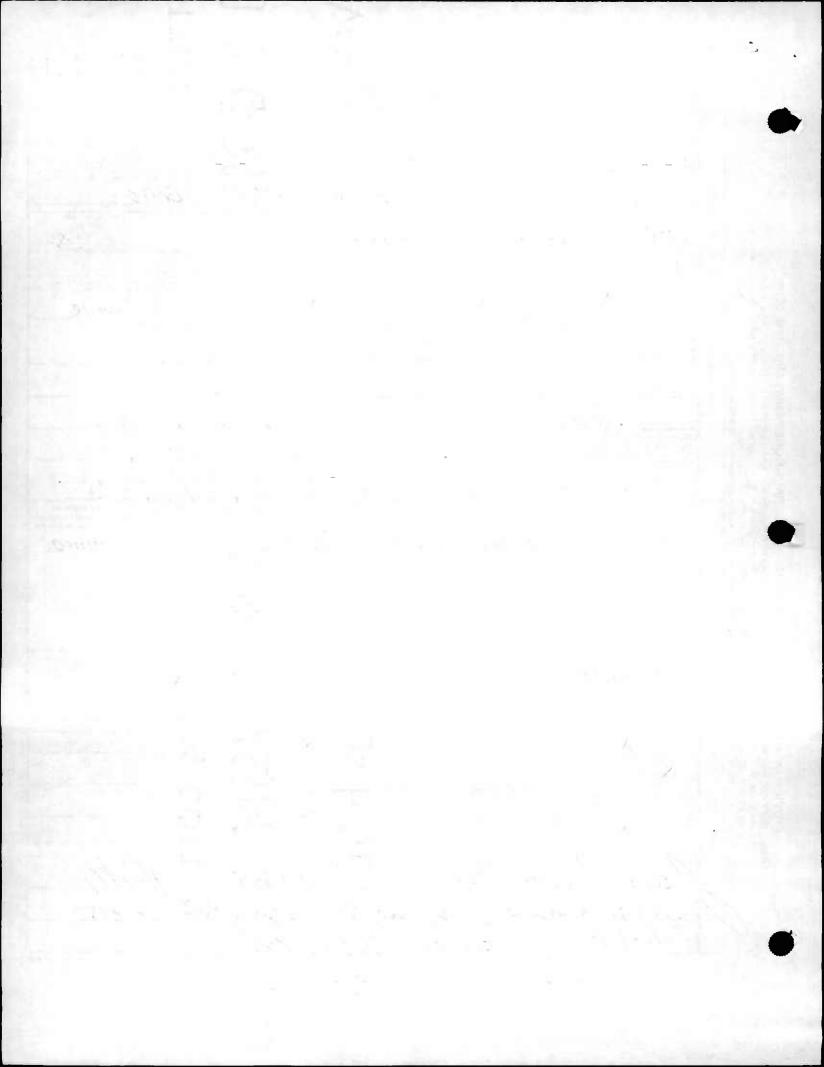
permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MADVI AND) / DEDADTMEN	T OF HEALTH AND	MENTAL HYCIEN		. 1611	
	1 - STATE REGISTRAR	STATE OF MARYLAND		E OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	MY	3. TIME OF DEATH	
	John Franc	is Mitchell			April 20			
	212-01-0747	1 × M 2 □ F 87	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03⇔24⇔19()4	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9a. FACILITY NAME (if not institution, give str 3415 Liberty Par RESIDENCE OF DECEDENT		9b. CIT	r, town or Location of D Dundalk	EATH	Balti		
FUNERAL DIRECTOR	100. STATE 100. COUNTY Maryland Balt	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES 2 AO		
IERAL	100. STREET AND NUMBER 3415 Liberty Parkw	ау		101. ZIP CODE 21222		USA	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	(XNO	WAS OECENOENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 10 Specify	an, Puerto Ricen, atc.)	e or No 14	RACE — American Indian, Black, White, etc. Specify, White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a completed) College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.) Carpenter	OCCUPATION during most of working	16b. KIND OF BU		TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Peter Mitchell				AME (First, Middle, Meider Bystrek			
TO 8	180. INFORMANT'S NAME (Type/Print) Adella F. Mitchel	l_		ss (Street and Number or Rural erty Parkway	, Baltimor	e. MD	21222	
	209. METHOD OF DISPOSITION Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b. PL.	ACE AND DATE OF OIS etary, crematory, or other Standslau	POSITION (Name place) LS Cemeteru	4/23 Ba	ocation – ch ltimor	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Caune	22	NAME AND ADDRESS OF F. Duda⇒Ruck Fu 1922 Wise Av	neral Home	of Du	ndalk, Inc.	
	23. PART I. Enter the diseases, or c	omplications that caused the	a death. Do not anta					
	IMMEDIATE CAUSE (Final	DUE TO (OR AS A CO		PROSTAT	E		Onsat and Death	
TION	Sequantially list conditions, if sny, leading to immediata	DUE TO (OR AS A CO	NSEQUENCE OF):		<u> </u>			
CERTIFICATION	cause, Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daath) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):					
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions AS bes 1050		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ž								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ					
	27. MANNER OF OEATH	1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	REO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)		1 YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	cool only	R: On the basic of my knowledge						
BE CC	296 SIGNATURE AND TITLE OF CHIPMFIES	me In		29c. LICENSE N	UMBER 3C5	29d. DATE 5	SIGNED (Mooth Diay, Year)	

OEATH (ITEM 27) (Type, Print)

OHMH-16 Rev 1/89



DHMH-16 Rev 1/89

IMPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

2 189 FOR 1 - STATE REGISTRAR		STATE OF M	IARYLAN	D / DEPAR CERTIF					MENTA	L HYGIEN	_		
1. DECEDENT'S NAME (First,	, Middle, Last)			CENTIF	ICATE	OF	DEAL			E OF DEATH	_		3. TIME OF DEATH
JOSEBH	.T	oseph Red	d		REDI)			04			YEAR	6:11 P M
4. SOCIAL SECURITY NUMBER		5. SEX		s. lest birthday)	IF UNDER 1		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
214-62-7542		1 ☑ M 2 ☐ F	32	YRS.	MONTHS	DAYS	HOURS	MIN.	5-	7-58°		Countr	ØD.
9a, FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY,	TOWN (OR LOCATIO	ON OF DI	EATH		9c. COU	NTY OF DI	EATH
JOHNS HOBK		SBITALS				BA	LTIMO	RE (CITY		<u></u>		
10a. STATE MD	10a. STATE 10b. COUNTY 10c. CI				Y, TOWN OF TIMOR								10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER	LAFAYE	TTE AVENU	ſΕ				21213				-	JSA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO.	lf.	yes, sp		n, Mexica	n, Puarto	IN? (Specify Yea Rican, etc.)	or No-		- American Indian, , white, etc.
15. DEC	EDENT'S EDU	ICATION Completed	164	n. DECEDENT'S (Give kind of	USUAL OC	CUPATIO	DN of working		16	b. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (C 12th Grade		College (1-4 or 5 +)	Stude:	se retired.)	any me	St Of WORK	•					
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)		
John T. I	Redd						Mat	tie	Має	Redd			
19a. INFORMANT'S NAME (nber, City or Tow			21212
Hattie Mae						_		re a	VE./	BALTIM			21213
				ACE AND DATE hell M	emorial Gardens Baltimore, Md.					Md.			
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	~~~)							1101 E	. NOI		21202 AVENUE
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	tions,	a. NARCC DUE TO b. DUE TO c.	TIC II (OR AS A CO	NTOXICA	ATION PF:	ne mo	oda of dy	ing, auc	en sa ca	rdiac or resp	iratory an	rest,	Approximate Interval Between Onset and Desth
that initiated events resulting in death) LAS	т	d	(OR AS A CO	NSEOUENCE O	r-):				/ ₋				
PART II. Other significa	ant conditio	ns contributing to	death but i	not resulting	in the und	lerlyin	g cause (given in	Part I.	24a. WAS AM PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (C	neck only	one)			
XXX YES 2 NO		1 Inpatient 2			4 🗆 Nurs		ne 5 R	asidanca	6 □ Ott	nar (Specify)			
27. MANNER OF DEATH	Pending	26a, DATE OF (Month, D		28b. TIN	JURY	W	JURY AT DRK?		28d. D	ESCRIBE HOW	INJURY OC	CURED	
2 Accident	Investigation	28e. PLACE O	-/ -0/ -	1	M	1 🗍		NO		VKNOWN			
3 Suicide 6.	Could not be detarmined	building,	atc. (Specify)	At home, farm,	street, facto	гу, отк	CAL .			CATION (Street by or Town, State))	r or Hural F	Houte Number,
	TIFYING PHYS	BICIAN: To the best of)ME ge, death occurr	red at the tir	ne, date	a and place	, and du	to the c	auso(a) and ma	TILLIL	ted.	VE BALTO.,MC
one) 2 MED	PICAL EXAMIN	ER: On the beals of a	xamination ar	id/or investigation	on, in my op	inion,	death occu	red at the	tima, de	ta and place, a	nd due to ti	he ceuse(s	a) and manner as stated.
291 SIGNATURE AND TITLE	-	Tall	M	M			29c. LIC	OC:			29d. DAT		(Month, Day, Year) 21 1991
MARIO F	G	HO COMPLETED CAU	-, MY	D		11	PENN	STR	EET	BALT	IMORE	E, MA	ARYLAND21201
APR 25 199		32. REGISTRA	IR'S SIGNATU	RE									

Service of the 12 Sept

	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Company of the Compan	TO THE HOSPITAL DR ATTENDING PHYSICIA!	TO THE FUNERAL DIRECTOR; After this certifi	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or

FOR 1 • STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN	7.0	1	1213
1. DECEDENT'S NAME (First, Middle, Last)		C 0 111					15.7	2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
GERTRUDE	Α.		NDER						1-21-			
4. SOCIAL SECURITY NUMBER 237–16–4737	5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Mont	of BIRTH h, Day, Year) 5-04	-	Country)	CE (State or Foreign
90. FACILITY NAME (If not institution, give state 2118 CHELSE	13 H 1 7 4 4 L 4 4 E 1 1 1 1 1	•		9b, CITY			10 RE)	9c. COUN	TY OF DEAT	н
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY M D				Y, TOWN C			CIT	Y			100	d. INSIDE CITY (JM)TS? YES 2 NO
10s. STREET AND NUMBER 2118 CHELSEA	TERR.				10	212				10g. CITIZ	EN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 ☐ YES 2 ☐ NO If Yes, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL			n, Puerto		a or No—	14. RACE — Black, W Specify:	American Indian, hite, etc. Black			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Lith Grade		(G life	CEDENT'S live kind of . Do NOT L	USUAL O work done ise retired.)	CCUPATE during mo	DN est of work	ing	161	. KIND OF BU	ISINESS/IND	JSTRY	
17. FATHER'S NAME (First, Middle, Lest) Henry	Commi	nger					HER'S NA Inda	ME (First,	Middle, Msider	Sumame) Forbes	3	
190. INFORMANT'S NAME (Type/Print) Elsie Als	ston	19	b. MAILIN	Chel	S (Street a	nd Number	ance	Aoute Num	ber, City or Tou timore	e, Md.	^{Code)} 212	16
20e METHOD OF DISPOSITION 112 Burist 2 Cremation 3 Remo	oval from State	20b. PLACE					em.	DAT		ndalls	1 5 3 3 3	
21. SIGNATURE OF FUNERAL SERVICE LIC	· Wu	Demos					INER					NORTH AV
23. PART i. Enter the disesses, or c shock, or heart feliure. I IMMEDIATE CAUSE (Finsi disesse or condition resulting in desth)	List only one cs	et caused the deuse on each line	8.	m.	the mo	ode of dy	ying, suc	ch sa car	diec or resp	piratory sm	est,	Approximate interval Betwee Onset and Deat
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE										
PART II. Other significent condition		deeth but not	resuiting	in the u	nderlyin	g cause	given in	Part I.	24e. WAS AF PERFO 1 TYES	RMED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:		DEATH (C/		er (Specify)			
27. MANNER OF DEATH 1 ScNatural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO						HOW INJURY OCCURED					
3 Suicide 6 Could not be 4 Homicide detarmined	building	OF INJURY — At h						Clts	CATION (Street or Town, State	9)	47	• Number,
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of											nd manner as stated,
296. SIGNATURE AND TITLE OF CERTIFIER	ATTE	moiorly	8 Hy	s. a	on	29c. LI	CENSE NU	324	8.		SIGNED (M	onth, Day, Year)

A170

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LID HU LOW BAL

32. HERISTRATS SIGNATURE AND AND ADDRESS OF THE COMMENT OF THE



31. DATE FILED (Month, Day, Year)
APR 25 1991

199 J. 20 20

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF RTIFICATE OF		MENTAL HYGIEN		11214
	1. DECEDENT'S NAME (First, Middle, Last) AR M Tif.	N. STURDI	VANT		///	~ ý	SAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 245-28-7874 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. lest if	YRS. MONTHS DAYS	HOURS MIN.		25	BIRTHPLACE (State or Foreign Country)
DIRECTOR	MAYCH HUS	0 tel	Bal	OR LOCATION OF D	EATH	9c. COUNTY	
	10a. STATE 10b. COUNTY		Glen I	Burnie	,		10d. INSIDE CITY UMITS? 1 Ss 2 NO
FUNERAL	290 Thomps	on Ave		2106/		4	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes,		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) by:	se or No 14	RACE — American Indian, Black, White, etc. Specify: Bk
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Give	EDENT'S USUAL OCCUPA billind of work done during i Do NOT use retired.)	FION most of working	186. KIND OF BU		Steel
BE CO		urd vant		Mary	ME (First, Middle, Melde)	ter	
2	Mary Sturds va	ent o	290 Tho	t and Number or Rufal MSUN	Acre City or To	yn, State, Zlo Co	unie rel
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cramation 3 Removed Donation 5 Other (Specify)	val from State other plac	Cedar	4111	en A	nne l	Frundel Co.
	21. SIGNATURE OF FUNERAL SERVICE LICE	March	Ya.	AND ADDRESS OF FA	300 Was	bash	Ave
	23. PART i. Enter the diseases, or co shock, or heart failure. L	omplications that caused the dealst only one cause on each line.	th. Do not anter the n	node of dying, au	ch aa cardiac or rea	piratory arrea	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OB AS (L'ONSEC)	odory lo	rest			Onset end Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OTAS A CONSECU	Coice	noma			
SAL SAL	PART II. Other significant conditions	contributing to death but not re	sulting in the underly	ing cause given in	Part i. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 Z NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26.	PLACE OF DEATH (C	heck only one)		
2	1 🗆 YES 2 🔁 NO	28a. DATE OF INJURY	DOA 4 Nursing H	ome 5 🗆 Residence	6 Other (Specify) 28d, DESCRIBE HOW	IN HIDY OCCU	DEC.
BY P	1 4 Natural 5 Pending 2 Accident Investigation	(Month, Day; Year)	INJURY	WORK?	200. DESCRIBE NOW	INJUNT OCCU	NED .
3 Suicide 4 Homicide 5 Could not be determined 28c. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER (Check only one) 29b. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29c. CERTIFIER (Check only one) 29c. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							Rural Route Number,
OMPLE	end only	EIAN: To the best of my knowledge, dear I: On the basis of examination and/or in					
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	(Duon)	KIN	29c. LICENSE NU	7930	29d. DATE S	Hanso (Month, Oby, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	2Ty (Type, Print)				
	APR 25 1991	STAFFISTERIS SIGNATURA	dall	-			

TO THE HOSPITE CHAIN ING PHYSICIAN: The law requires that the death certificate be executed within 2x rouns after death. Page 6 may be retained by the hospital or attending physician.

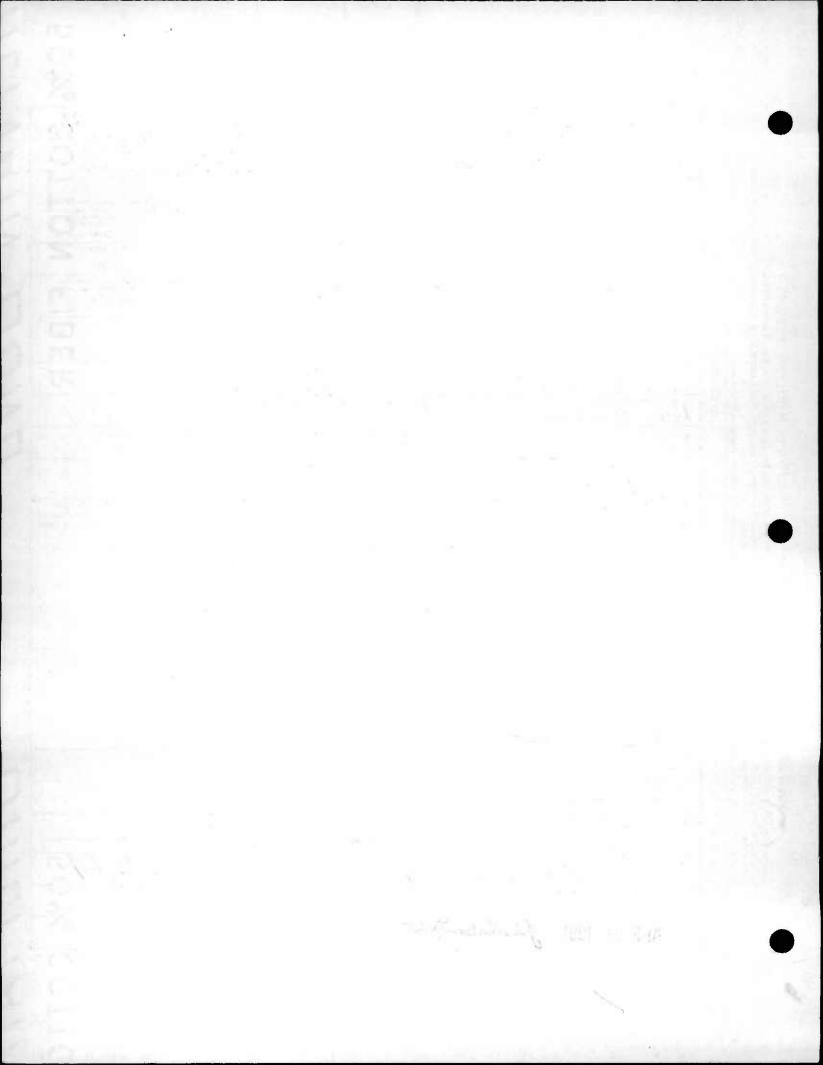
TO THE FUNE MECHAN. Meter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 22 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

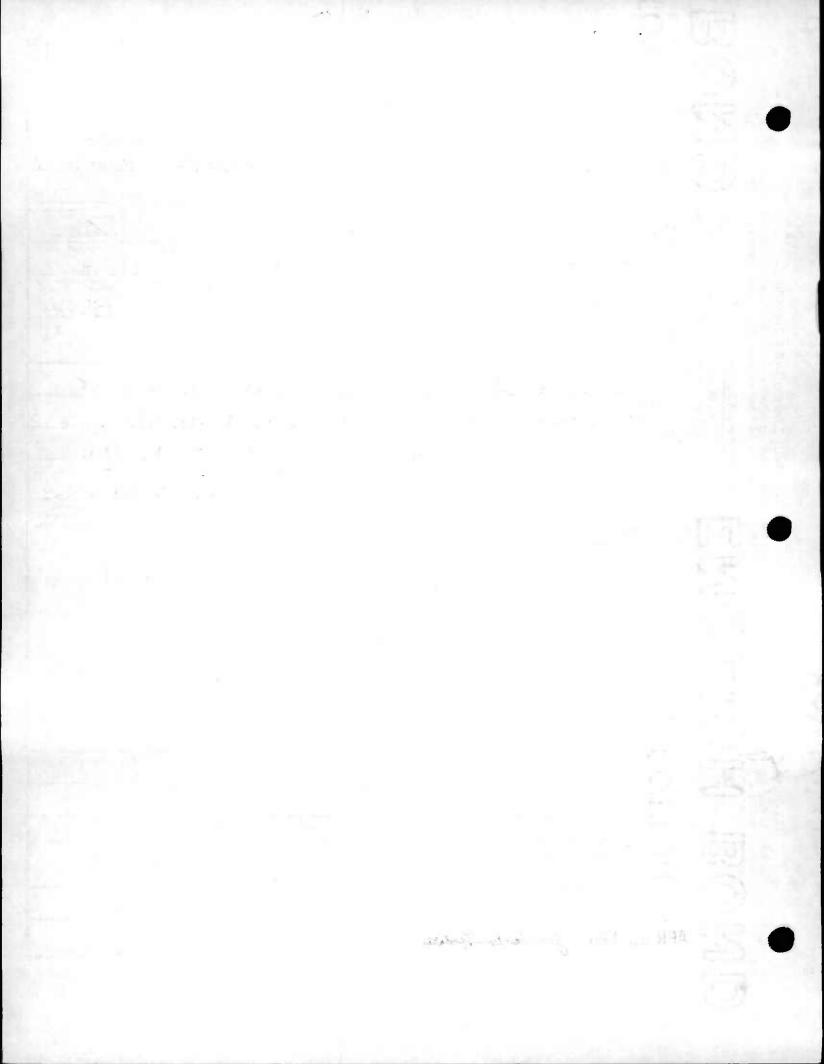
MUSION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-15 Rev 1/89



)	permit, Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	MAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Instet has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	or removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING THE MAN THE LAW requires that the death certificate be executed within 24 high removers the respective man completely filled.	be filed within 72 mount are common to State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal. MPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPAR CERTIF						YGIENE EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DEATH DAY		YEAR	3. TIME OF DEATH
ANTHONY	LEROY	SMITH					04	21		991	2.05
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF E	HRTH		6. BIRTI	IPLACE (State or Foreign
215-61-0791	1 M 2 F	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	4-7	2	Count	Marilan.
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY	r, TOWN	R LOCATION	ON OF DE	ATH	1	9c. COU	NTY OF D	DEATH
1100 BLOCK OF W	ATTES CON	OLEKTII.	DAT		ODE!				-		000
RESIDENCE OF DECEDENT				LTIM					_RAI	TIM	
10a. STATE 10b. COUNT	′	10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
/ l.d.			Sal	the	mor	W					1 YES 2 NO
10e. STREET AND NUMBER	-			101	. ZIP CODI		0.7		10g. CITI	ZEN OF	WHAT COUNTRY?
61110	une -	Sd.			d	12,	25				1.2.A.
11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARMED					IIC ORIGIN? (S		or No-		E — American Indian, k, White, atc.
3 Widowed 4 Divorced		MAR OR DATES			2 NO					Spec	20 %
15. DECEDENT'S EDU	CATION	18a. DECEDENT'S	LIGUAL O	COLIDATIO	NI .		405 900	D OF BUS	NESS (INIT	WATEN	Duck
(Specify only highest grade	completed)	(Give kind of	work done	during mo		g	100. KIN	D OF BUS	INE33/IND	изтнт	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	,								
17. FATHER'S NAME (First, Middle, Last)	0				10 1007	AED'S NA	ME (First, Middl	la Admirian I	Pumamal	0	
2	1 %	m + h			10. MOT	1	A a	h.	ournamaj	X	+1
19a. INFORMANT'S NAME (Type/Rrint)	0	MUTERO MAILING	ANNES	e /Street /	and Number	or Pural	Route Number, C	We as From	Chair 7in	Codel	
1/02	Xm	LL 80	3A K	2)_	U noral	P P	Aly Or JOWN	- V	17	61205
20a. METHOD OF DISPOSITION	James	20b. PLACE AND DAT	E OF DIES	200	while	21	DATE	20c. LO	ATION		own, State
1 Burial 2 Cremation 3 Rem	oval from State	of cemetary cremator			AL	-	U-DATE	200. 100	11011-	_ City or II	A State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Tur.	NAME A	ND ADDRE	SC.OF FA	CILITY	1	all	10	The state of the s
11/6/1	11.50	2	10	وسو	N.34	B	rough	4131	nu	سال	phone
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Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	OR AS A CONSEQUENCE C	OF):								
CAUSE (Disease or injury that initiated events	CDUE TC	OR AS A CONSEQUENCE O	P):								
resulting in death) LAST											
	u										
PART II. Other significant condition	ia contributing to	o death but not resulting	in tha u	ndariyin	g cause	given in		PERFOR	MED?	241	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					100 00	EATH	eck only one)				
EXAMINER?	HOSPITAL:		OTHE	A:							
1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	☐ ER/Outpatlant 3 ☐ DOA F INJURY 28b, TH				esidence	a Other (S		IIIIAV AT	OLIDS:	
1 Natural 5 Pending	(Month, I	Day, Year) IN	JURY	W	JURY AT ORK?	7 40	28d. DEŞCRI	DE HOW II	JUHT OC	CURED	
2 Accident Investigation	04/21/1991 2:05 a ^M 1 YES 2 NO SUBJECT SHOT										
3 Suicide a Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) SCHOOL YARD 28t. LOCATION (Street and Number or Rural Route Number, Size) 1100 VALLEY STREET											
		SCHO	JL I.F	T/L			1100	٧Æليا	ב וינ	TKE	<u></u>
anal .	W. W	of my knowledge, death occur exa <i>m</i> ination and/or investigat									(a) end manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
Donald H 11)	ight Mi	D			0.0	.M. I	E.		► C	14/2	1/1991
30. NAME AND ADDRESS OF PERSON WI DONALD G. WRIGH				יביםקיו							•
31. DATE FILED (Month, Day, Year)			ATA OI	. نائلا،	L DA	TT TT,	NRE, I	.NAL(TT	עואדעד	212) <u>1</u>
APR 25 1991	Pulse Davids	AR'S SIGNATURE									



3. TIME OF DEATH

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cian and completely filled in by the funeral director, p	or to burial, cremation, or removal.

nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

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DIRECTOR

FUNERAL

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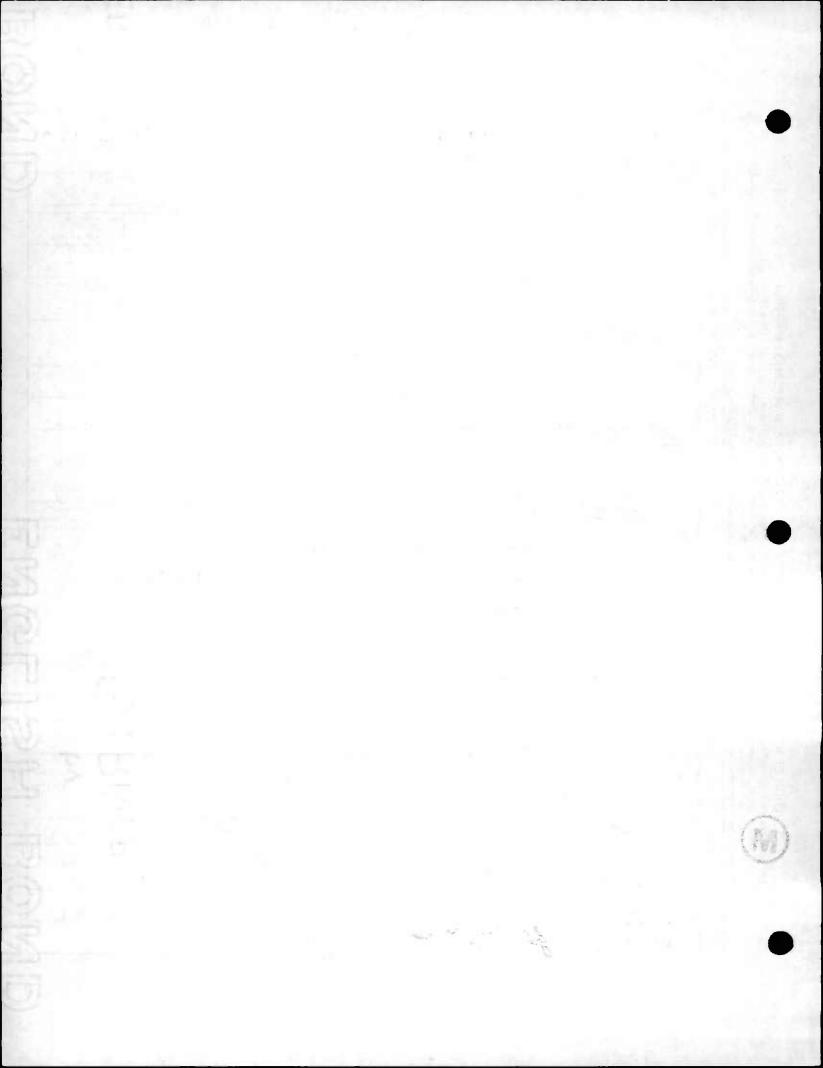
Ħ notified pe examiner must medical the event, traumatic signed by the attending physi-Health and Mental Hygiene pri other injury, or shows any this certificate has been with the State Dept. of 23 Hem 6 28 is marked, CTOR: After the after death v TO THE TO THE Do flied IN THE IN

ITENDING PHYSICIAN: The law requires that the death certificate be executed within

ISION OF VITAL RECORDS, P.O. BOX 68760,

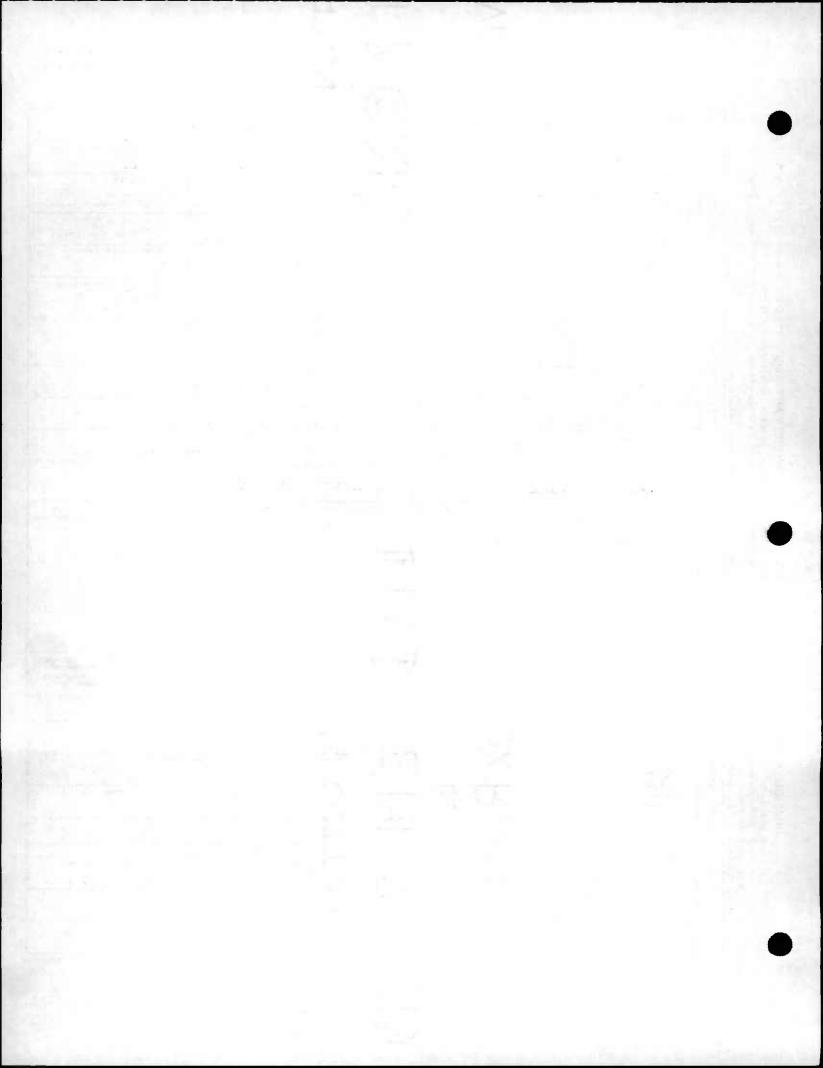
2. DATE OF GEATH MONTH 0 4 2 SHTEINBERG 5 45 AM ARON 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 075-60-0261 M 2 DF DAYS HOURS VRS. 02 23 RUSSIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 AYES 2 NO 10e. STATE 10b. COUNTY MARYLAND BALTIMORE RANDALLSTOWN 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3935 CHAFFEY RD. 21133 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE --- American Indian, Black, White, atc. 1 Never Merried 2 Merried 1 TES 2 NO Specify Specify: WHITE 3 ___Widowed 4 _ Divorced COMPLETED 15. DECEDENT'S EQUICATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) AUTOMOBILE 4 MECHANIC 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) SHTEINBERG ABRAHAM BARUCHA UNKNOWN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 3935 CHAFFEY RD. RAISA BARANKINA RANDALLSTOWN, MD 21133 20s. METHOD OF DISPOSITION
1 Sourial 2 Cregnation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State ARLINGTON (CHIZUK AMUNO) 4/22 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Mari 6010 REISTERSTOWN RD. 21215 23: PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) CARDIO GENIC
DUE TO (OR AS A CONSEQUENCE OF): SHOCK ACUTE MYDEARDIAL INFARCTION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ASPIRATION PNEUMONIA CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? MEDICAL DIABETES MELLITUS 1 TES 2 THE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Duputient 2 - ER/Outputient 3 - DOA OTHER: 1 - YES 2 - NO 4 - Nursi ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY ☐ Accident 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be BE COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner se ateted. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4/21/91 000 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) E HOSP OF BALTIM 2000 SINAI 32. RE STURE 1991

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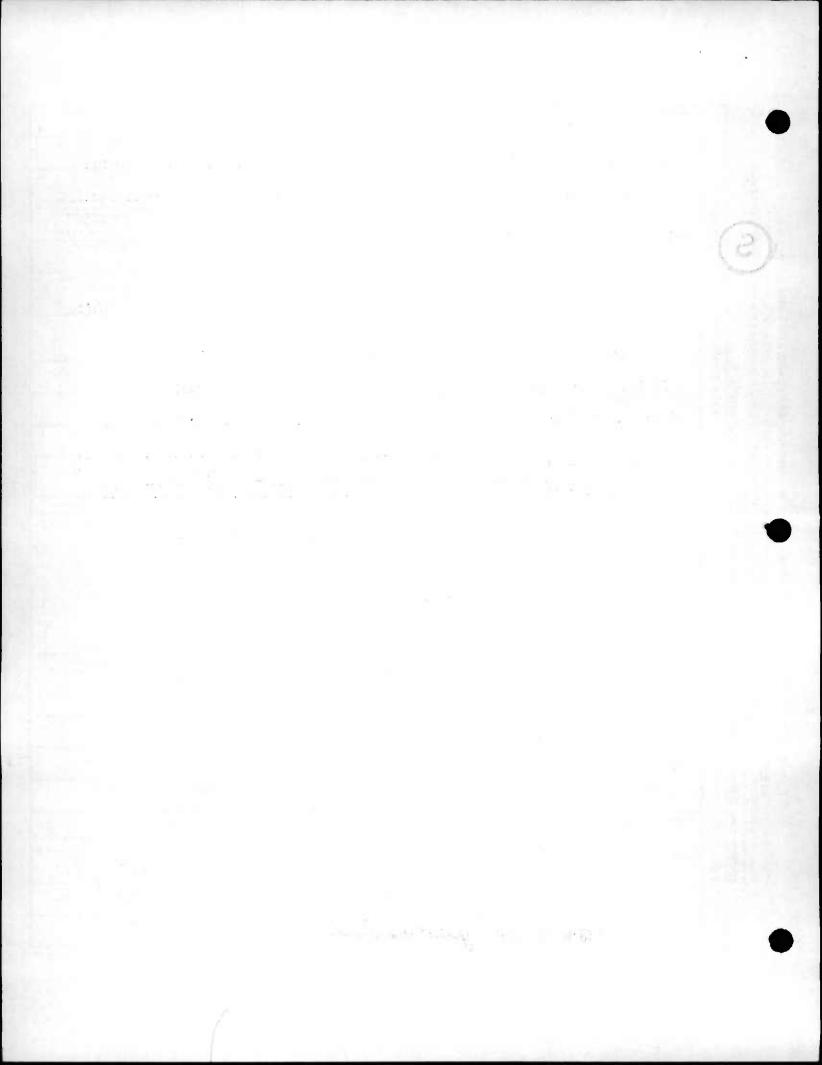
	FOR 1 - STATE		STATE DF N	MARYLAN						MENTAL		E J	1	11611
	1. OECEDENT'S NAME (First, Anna D	, Middle, Lest)	Soltysi	iak	CERTIF	ICATE	: UF	DEAI	Н	2. DATE O MONTH ADY11	DA	991	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMB 212-07-2756		5. SEX 1 M 2 F		rs. last birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF (Month). NOV 4	F BIRTH Day, Year)		Md.	ACE (State or Foreign
TOR	90. FACILITY NAME (If not interest to the control of the control o	mwell No	1-1-11-11-11-1	j			SON	OR LOCATIO	ON OF DE	EATH		9c. COUNT Balti	NOTE	Н
DIRECTOR	Md.	10b. COUNTY	rford			l Air	R LOCAT	TION						d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	711 FOX BOW [Drive	Tio and property			1		21014	1			USA		T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 XWidowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	2 NO		If yes, sp		ın, Mexica	NIC ORIGIN? in, Puerto Ric y:		or No- 1	4. RACE — Black, W Specify: White	American Indian, hita, stc.
COMPLETED			S EDUCATION 16a. DECEDENT (Give kind-kind-kind-kind-kind-kind-kind-kind-				CCUPATIO during mo	ON ost of workin	ng	18b. #	AND OF BUS	INESS/INDU	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) John Czarski							Anto	oinet	me (First, Mil te Kacz	marek			
5	Bernard F. Markiewicz 11327					Scenic	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip of Scenic View Lane Orlando, Fla. 32821					821		
	1 Deuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Accomplision of Company, crematory or other St. Stanislaus							/91 ND ADDRES	SS OF FA	DATE		Baltin		
	> Jemes f	Made								Inc. 5				
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Find disease or condition resulting in death)	eert fellure.	a. BUE TO	add	on death. Do	urc	the mo	ide of dyl	ing, auc	th ae cardle	nc or reepi	ratory arre	at,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injuents initiated events resulting in death) LAS		DUE TO	(OR AS A CO	ONSEQUENCE C	OF):			8				1_	
PHYSICIAN: MEDICAL C	PART II. Other significa	nt condition	na contributing to	death but	not resulting	In the un	nderfyln	g cause (given in	Part I.	24s. WAS AN PERFOR	MED?	AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO IMPLETION OF CAUSE F DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	☐ ER/Outpetie	ant 3 🗆 DOA	ОТНЕ	R:			8 🗆 Other			1	
ВУ РНУ		Pending Investigation	26a. DATE OF (Month, E	FINJURY	28b. Till	7	28c. IN.	JURY AT ORK? YES 2				NJURY OCC	JRED	
	3 Suicide 6	Could not be determined	28e. PLACE (building	OF INJURY — , stc. (Specify)	At home, farm,	street, fact	tory, offic	20		28f. LOCA City of	TION (Street in Town, State)	and Number o	r Rural Rout	e Number,
COMPLETED	0001		ER: On the basis of a											nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE	n (·	Kens	lus	ai.	mi)			O 10			29d, DATE		3-9/
-	Marion C. Kov	walewski					ore,	Md. 2	21234					
	31. DATE FILED (Month, Day.	1991		AR'S SIGNATU		IJ.								



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John	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-til	7	
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I Charles will be an investigation of the second will be apply and the second of the second of the plant of the second of the se	Afte	deat	29 is marked or liam 23 shows any failury or other traumatic event the medical examiner must be notified at once
1 637	10R	after	1 86

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTII					MENTAL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last Helen Irene	Carr Tur	nbaugh					2. OATE OF DEATH MONTH D. April 24	ã. 19	YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 218-32-9765	5. SEX	6. AGE (In yrs. lest birthday, 83 YRS.	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give	24	03	9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE		90. COU	Mar NTY OF DE	ryland ATH	
FUNERAL DIRECTOR	Carroll Count	y General	Hospital		West	mins	ter		Car	roll	County	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	тү	10c. C	TY, TOWN	OR LOCAT	TION	ON 10d. I					
ā		oll Count	y Mau	nches	ter					1 TYES 2 NO		
RAIL	10e. STREET AND NUMBER				101	. ZIP COO			10g. CITI	IZEN OF WI	HAT COUNTRY?	
뽁	3332 Main Stree 11. MARITAL STATUS		NT EVER IN U.S. ARMED	T 13.	21102 13. WAS DECENDENT OF HISPANIC ORIGI			IIC ORIGIN? (Specify Ye	or No-	USA 14. RACE	— American Indian,	
B	1 ☐ Never Merried 2 ☐ Merried 3 🎮 Widowed 4 ☐ ปีทั้งorced	FORCES? 1	YES 2 NO		if yes, specify Cuben, Mexican, Puerto Rican, a					Black, Specify	White, etc.	
COMPLETED	Iffe Do NOT use o				ork done during most of working					DUSTRY	an explicit	
2	Elementery/Secondary (0-12) College (1-4 or 5+) 8 years Housewife Homen					mamai	kina					
형	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, Malden		rull.		
BE	William Edward	Carr						e Belle Ro				
6	190. INFORMANT'S NAME (Type/Print)							Route Number, City or Tox				
	Edward L. Wheel 204 METHOD OF DISPOSITION 1 ABuriel 2 Cremation 3 Re		20b. PLACE OF DISP					rkton, Mar		City or Tow		
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 8 ☐ Other (Specify)	noval from State	Dulanev	Valle	v Me	mori	al G	ardens Tin	oniu	n. Ma	ryland	
	21. SIGNATURE OF FUNERAL SERVICE I	Lawson	,	Le.	MAME AI	NO ADDRE	ess of FA chel	Dulaney	Val	ley H	lome of	
	23. PART I. Enter the diseases, or			not ante	r the mo	Pado da of dy	nia ing, auc	Road Time	iretory an	MD reat,	21003 Approximate	
	ahock, pr heart fellure IMMEDIATE CAUSE (Final disease or condition	List only one cau	0	pu	lu	wn	ar	Arme	M		Interval Between Onset and Death	
	resulting in death)	DUE TO	O OR AS A CONSEQUENCE				(5	9.			
N	Sequentielly list conditions,	b.	O OR AS A CONSEQUENCE	OD.								
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	002 10	Di	O	40	Xi	t					
Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO	O (OR AS A CONSEQUENCE	on:	^	()	1)				
띩	resulting in death) LAST	d	Organic		100	70	voc	y			1	
	PART II. Other significant condition	ons contributing to	death but not resulting	in the u	indarlyin	g cause	given in	Part I. 24e. WAS AP			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL		<u>SHD</u>	1_	BI	513	•		1 [] YES			COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				00.0	1 4 OF OF 1	DE ATH OOL					
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHE	R:		V. C. 111.	6 Cher (Specify)				
¥	27. MANNER OF DEATH	26a. DATE OF	F INJURY 28b. T	IME OF	28c. IN.	JURY AT		28d. DESCRISE HOW	INJURY OC	CURED		
<u>A</u>	1 Natural 8 Pending 2 Accident Investigation			M	1 🗆	YES 2 [_ NO					
	3 Suicide e Could not b 4 Homicide determined	28e. PLACE C building.	OF INJURY — At home, ferm , etc. (Specify)	ı, street, fac	ctory, offic			28f. LOCATION (Street City or Town, State	end Number	r or Runul Ro	oute Number,	
COMPLETED	anal —		f my knowledge, death occu examination and/or investiga								end menner se stated.	
H	29b. SIGNATURE AND TITLE OF CENTUR	i Pre	MO)		29c. LIC	ENSE NU	18915	29d. DAT	E SIGNED	(Month, Day, Year)	
임	36. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAU	SE OF DEATH (ITEM 27) (TV	pe, Print)		8	1	tucker .	841	west	1 nuistes	
	31. DATE FILED (Month, Day, Day)	32. REGISTRA 2 5 1991	AR'S SIGNATURE Suid	on-PP	inde					2	11) /	



TO BE COMPLETED BY FUNERAL DIRECTOR

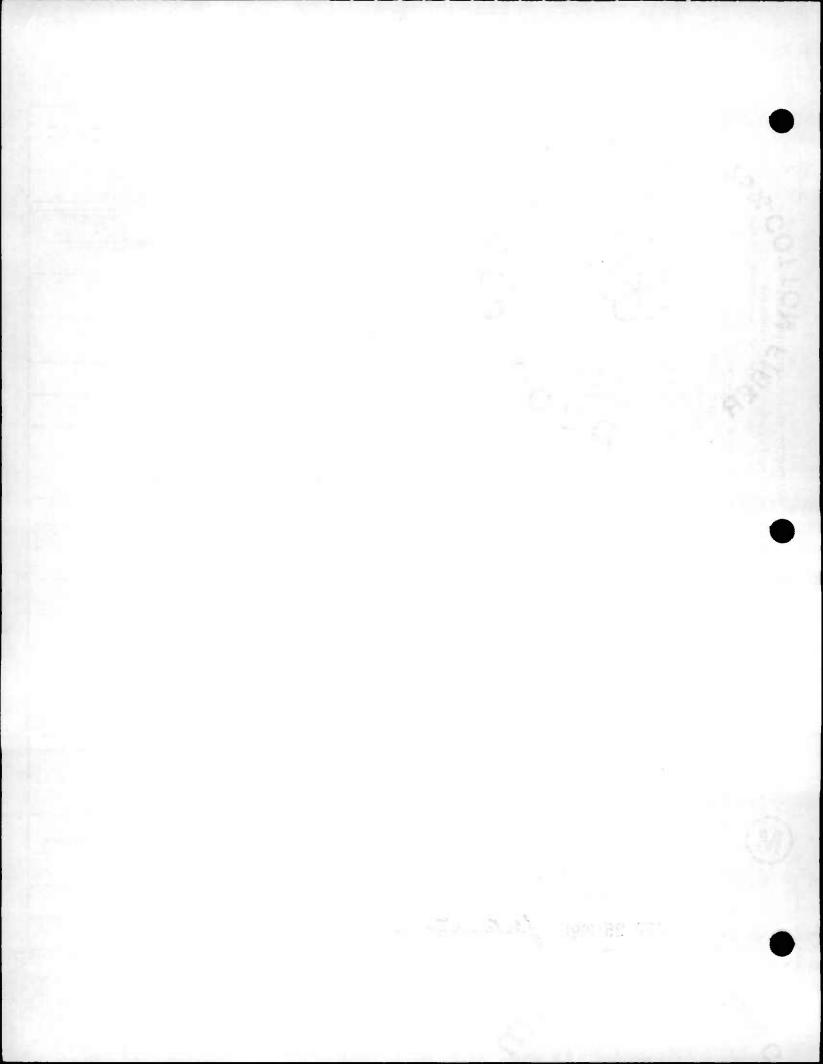
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEM:1 per INFORMANT G-675 5/29/91 cm ITEM:18 per FH G-675 5/2/91 cm

11219

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	JANE OF MARIE	CERTIFIC	ATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	7	TILLIE S	STERN TI	LLES	2. DATE OF DEATH	YEAR	3. TIME OF DEATH	
THLE	1/66	65			4-2	3-1991	4:30 A 11	
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)	B. BIR'	THPLACE (State or Foreign	
214-20-2637	□ M 2 🔀 F	82 YRS.	ONTHS DAYS	HOURS MIN.	12/22/19		RUSSIA	
9s. FACILITY NAME (If not institution, give street	and number)	9	b. CITY, TOWN OF	LOCATION OF DE		9c. COUNTY OF		
2722 SMITH AVE.				BALTIMO	RE	BALT	IMORE	
10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATION	DN			10d. INSIDE CITY	
MARYLAND BA	LTIMORE		BALTIMO	RE			1 YES 2 NO	
10e. STREET AND NUMBER			101,	ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?	
2722 SMITH AVE.				21:	209	т	ISA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		IIC ORIGIN? (Specity Yen, Puerto Ricen, etc.)	Ble	CE — American Indian, ick, Whita, atc.	
15. DECEDENT'S EDUCATE (Specify only highest grade com	ON pleted)	18a. DECEDENT'S US	SUAL OCCUPATION		16b. KINO OF BU	SINESS/INDUSTRY		
	ollege (1-4 or 5+)	life. Do NOT use I	retired.)		3.00	TION TO		
12		HOUSE	WIFE		AT	HOME		
17. FATHER'S NAME (First, Middle, Lest) NATHAN PORTNEY	100				ME (First, Middle, Maiden MARY— (-UNKN	A 44 AA	RY MILSTONE	
19a. INFORMANT'S NAME (Type/Print) MR. NATHAN STERN					Route Number, City or Tow BALTIM		21202	
28s. METHOD OF DISPOSITION	200	PLACE OF DISPOSIT	ION (Name of cem	etery, crematory or	20c. L0	CATION — City or	Town, Stata	
1 Description 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		other place)	MODIAL.	DVDK \	/24/91 RA	MDATT COV	NATAT MED	
21. SIGNATURE OF FUNERAL SERVICE LICEN		ISLA DIE	22. NAME AN	D ADDRESS OF FA	CILITY	MUHLLISIT	WIN , MIL	
11 (000	12	^^	SOL	LEVINSON	W & BROS.,	INC.		
1	1 Com	500			STOWN RD.			
23. PART I. Enter the diseases, or som shock or heart fellure. List	iplications" Wat caused t only one cause on e	whe deeth. Do not sch line.	t enter the mod	le of dying, suc	h es cerdiec or reep	elretory errest,	Approximete Interval Between	
IMMEDIATE CAUSE (Final			na	/ /	7- 1-		Onset end Deeth	
disease or condition resulting in death)			Mgo.	a boal) Lusoffic	·	Moreta	
	OUE TO (OR AS A	CONSEQUENCE OF):) / .	1.	7 11	1x.	More to	
Sequentially list conditions,		<i>F-1</i>	-tale	, sela	iekee le	of there	year,	
if any, leading to immediate couse. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF):						
CAUSE (Disease or Injury & c	DUE TO (OR AS A	CONSEQUENCE OF):						
that initiated events resulting in death) LAST	202 10 (011 72 7						į	
d								
PART II. Other significant conditions of	ontributing to death b	ut not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AI	N AUTOPSY 2	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Lymph	ome.	-			1 TES		COMPLETION OF CAUSE OF GEATH?	
1 3							1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
	OSPITAL:		OTHER:	5 Kanidanna	6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT	28d. OESCRIBE HOW	INJURY OCCURED		
1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY WO	RK? /ES 2 NO				
2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm, str			28f. LOCATION (Street	and Number or Rur	al Route Number,	
3 Suicide 6 Could not be determined City or Town, State) 4 Homicide determined								
29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
(Check only one) 2 MEDICAL EXAMINER:	_						e(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IED (Month, Day, Year)	
TO A CENTIFIER	n m			DO (980	LA LA	33 S/	
20 NAME AND ACCOUNTS	OMBI ETEN PRIOR OF THE	ATH OTEN OT	Print)	100	10-	(0)11	
30. NAME AND ADDRESS OF BERSON WHO	THE LEW GAUSE OF DE	D 6		110	11 01	/-		
(0 x cg 5.) a	conello.	KO.	Oal	~ MM.	11	621	(())	
Of PATE Symphology and Park March	A SECTION OF STREET	ATTOM A						

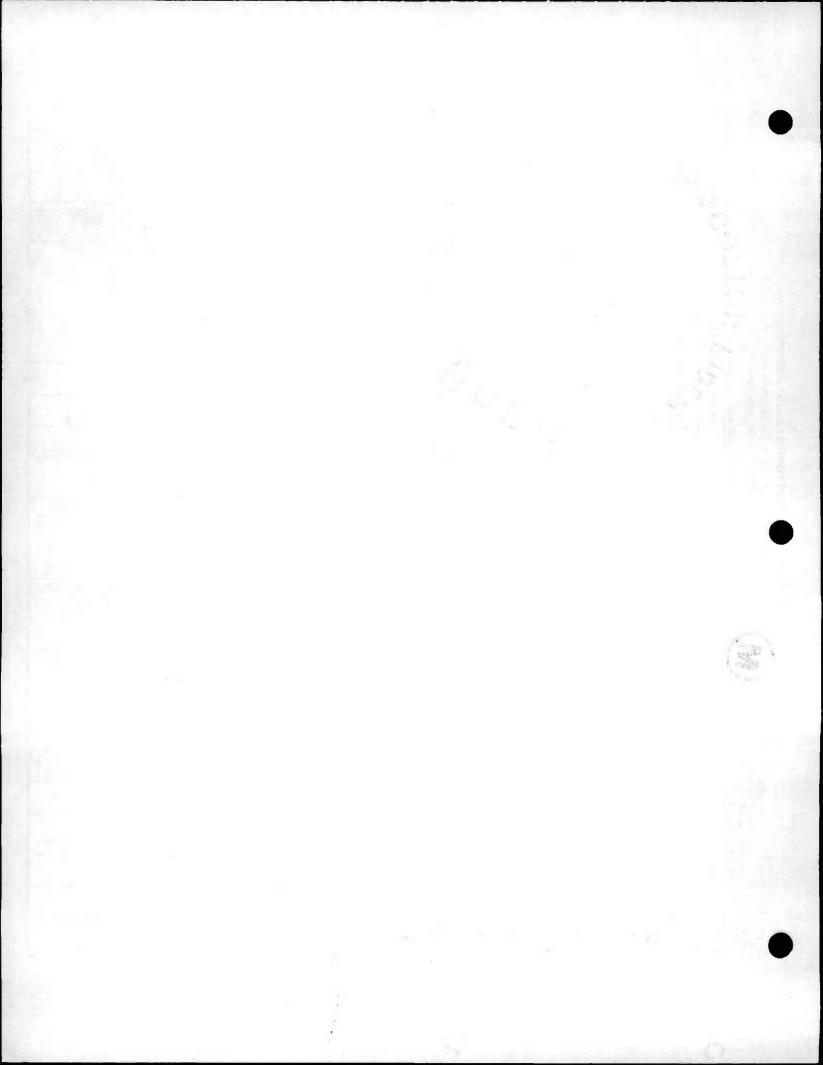


other traumatic event, the medical examiner must be notified at once.

in physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prese prior to burial, cremation, or removal. enficiele be executed within 2 ... ours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Isw mutures TO THE FUNERAL DIRECTOR: After this certificate has been upon be filed within 72 hours after death with the State Dept. of Hearn IMPORTANT: If Item 28 Is marked, or Item 23 shows

"25" 1991

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) George Th	omas				2. DATE OF DEATH DATE Apr. 24,		a. Time of Death 4:49 pm m	
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday) 44 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 04/08/47	8.	BIRTHPLACE (State or Foreign Country) Florida	
~	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN C	R LOCATION OF DEA	ATH	9c. COUNTY		
OT:	G.B.M.C. RESIDENCE OF DECEDENT			Towson			Balti	more_	
DIRECTOR	Md Balt	imore	10c. CITY	TOWSON	TON			10d. INSIDE CITY LIMITS? 1 YES 2X NO	
FUNERAL	1502 East Joppa	Road		101	21204		N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Mexican 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify: White	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of w	ork done during mo	ON est of working	16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	contrat	A COUNTY		self			
OMI	17. FATHER'S NAME (First, Middle, Last)		Contrac	OL	18. MOTHER'S NAM	ME (First, Middle, Malden	Surname)		
	Marco Marx Thoma	ıs			Lilli	е			
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		loute Number, City or Tox	vn, State, Zip Co	ode)		
ř	Larry Thomas 1502 East Joppa Road Towson Md 21								
	20e, METHOD OF DISPOSITION 1	oval from State	other place) Oudon Pa	rk Cemet	terv		Raltim	y or Town, State Ore, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2 gr	22. NAME AI	Sulphur	Ambrose Spring Ro	Funer ad, Ar	al Home butus,Md	
	23. PART Enter the diseases, or shock, or heart fellure.	complications that cause List only one cause on a	ach lige.				iratory arres	Interval Between Onset and Death	
	disease or condition resulting in death)	B. DUE TO (OR AS	CONSEQUENCE OF		ucer		70		
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
SAT	if any, leading to immediate cause. Enter UNDERLYING	•							
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	ŋ:					
	PART II. Other significant condition	e contributing to death it	out not resulting	n the underlyin	a ceuse alven in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ZA CAL		_				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED						_		OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P OTHER:	LACE OF DEATH (Che	eck only one)			
YSI	1 TYES 2 1-NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out		4 - Nursing Hor	ne 5 🗆 Residence				
	1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	HED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, a			281. LOCATION (Street City or Yown, State		r Rural Route Number,	
MPLET	(Crieck orny	ICIAN: To the best of my know						d. cause(s) and manner as stated.	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIE		MA.	1	29c. LICENSE NUM			SIGNED-(Month, Day, Your)	
121		O COMPLETED CAMPE OF D		-	41.10	, -			



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5	HYSIC	nis ce	vith th	par
Division of the College, F.O. Box 60, 60,	SETTING ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or a	The CIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	The man after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	and the marked or item 23 shows any injury or other trainests avent the medical avanians must be notified at once
	LENDI	OR: A	fter d	01 0
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / I		RTMENT				MENTA	L HYGIEN		7 1	1 6. 6.
	1. DECEDENT'S NAME (First, Middle, Last) DENNIS	L.		W	ILSON				2. DATE MONTO	OF DEATH H D	ž 1	YEAR	TIME OF DEATN : 15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last I	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTN h, Day, Year) 08-54			
	219-58-0974 9e. FACILITY NAME (If not institution, give :		36		9b. CITY,	TOWN C	9 LOCATI	ON OF DE		00-54	ac COTIN	TY OF DEAT	
10R	JOHNS HOPKINS HO	7.1.						CIT			34. COOK	TT OF DEAT	
DIRECTOR	10a. STATE 10b. COUNT	Υ			TY, TOWN OF					100			d. INSIDE CITY LIMITS?
	Md .			ва	1timo	_	. ZIP COD				100 CITIZ		XYES 2 NO
ERA	1315 E. Eager S	t.		21205						USA			
BY FUNERAL	11. MARITAL STATUS 1 Mover Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOEN	IT EVER IN U.S. ARM YES 2 NO NAR OR DATES	ED	If	yes, sp	ecify Cube		in, Puerto	l? (Specify Ye Ricen, elc.)	or No	14. RACE — Black, W Specify:_	American Indian, thite, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th Grade 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Unemployed												
BE COM	17. FATNER'S NAME (First, Middle, Last) David	Wilson						ner's na hirl		Middle, Maiden	Surname)	ohnso	on
TO B	19a. INFORMANT'S NAME (Type/Print) Shirley Wilson		19b. 1.3	MAILING 315	E. EA	(Street a GER	ST.	or Rural BAL	Route Num	RE, MI	n, State, Zip (205	
	20g METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren 4 Donelion 5 Other (Specify)	noval from Stale	20b. PLACE A of cemetary, o	remator	y or other pla	ice)			OAT		cation - c		
	21. SIGNATURE OF FUNERAL SERVICE LI	GENSEE, WILL			22. N	AME A	O ADDRE	CH F		1101 F		212	202
	23. PART I. Enter the diseases, or			th. Do	not enter t	the mo	de of dy	ring, suc	ch as car	dlac or resp	iratory arre	est,	Approximate
	ahock, or haert fellure. List only one ceuse on each line. Interval Between Onset and Death disease or condition resulting in death) Due To (or as a conscourage or):												
NO	Sequentially list conditions,												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):												
ERTI	that initiated events resulting in death) LAST												
_	PART II. Other algnificant condition	ns contributing to	daeth but not re	sulting	In the unc	dariyin	g cause	given in	Part I.	24a. WAS AN PERFO	AUTOPSY RMED?	AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
PHYSICIAN: MEDICA										1 YES	2 NO	Of	OMPLETION OF CAUSE F DEATH?
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PI	LACE OF 1	DEATH (C/	heck only o	ne)			
Sic	1 X YES 2 □ NO	HOSPITAL:	☐ ER/Outpetient 3 [□ DOA	OTHER		e 5 □ R	lesidence	8 🗀 Oth	er (Specify)			
BY PH)	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident investigation	28e. DATE O (Month, 1	Day, Year)		ME OF JURY	28c. IN. WC	URY AT DRK? YES 2	₹ но		SCRIBE HOW JECT W.			
	3 Suicide 6 Could not be delermined	28e. PLACE (building	OF INJURY — At hom , etc. (Specify)		street, facto	ery, offic	•		City	CATION (Street or Town, State 09 N.C)		AVENUE
COMPLETED	and a f		of my knowledge, dea examination and/or in										nd manner ee stated.
BE C	26. SIGNATURE AND TITLE OF CERTIFIE	AA LO	0	1			29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (M	lonth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	JSE OF DEATH RITEM	27) (70)	e, Print)		0	.C.M	.E.		▶04	/22/9	1
	MARD F. GOLLE	JR, MC				ST	REET	BAL'	TIMOI	RE MAR	YLAND	2120	2
	31. DATE FILED (MORTH, Day, Year) APR 25 1991	gulia De	AR'S SIGNATURE.										
													DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

ARRET 1987 John Son Spiles

OX 13146, BALTIMORE, MARYLAND 21203-3146

e be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

Sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSENIA OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospit	THE WITHING DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	the definition of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	pe	E

						91	11222		
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND I	MENTAL HYGIEN		d & Since Since Since		
	1. DECEOENT'S NAME (First, Middle, Last)			L OT BEATT	2. DATE OF DEATH		3. TIME OF DEATH		
	JOHNNIE.	Wigaleto	N		MONTH 2		AR //:/0 M		
	4. SOCIAL SECURITY NUMBER	5. SEX (6. AGE (In yrs. la	gt birthday)IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign		
	249-07-324	1/NH 2 F 78	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	1012 4	Suntry)		
	9e. FACILITY NAME (If not institution, give stre	eet and number)	9b. CIT	Y, TOWN OR LOCATION OF DE	ATN	9c. COUNTY	OF DEATN		
DIRECTOR	Deaton M.	ed ical Cer	when E	a Himon	ze, mok	man over			
S S	10s. STATE 10s. COUNTY		10c. CITY, TOWN	OR LOCATION	10d. INSIDE CITY				
뜸	MD		BALTIMO	RE CITY			LIMITS?		
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	3330 PIEDMONT AV	CMIC		21216		USA			
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	PMED 13	WAS DECENDENT OF HISPAN	HC ORIGIN? (Specify Ve				
	1 Never Married 2 X Married	FORCES? 1 YES 2	NO.	If yes, specify Cuban, Mexica	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Specifi	γ:	1	Specify: Black		
9	15. OECEOENT'S EDUC	ATION 18e. D	ECEDENT'S USUAL O	CCUPATION	16b. KIND OF BU	SINESS/INDUST			
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	Give kind of work done is. Do NOT use retired.)	during most of working					
김	6th Grade	ounego (1.4 of 0.7)		Maintenin	(00)				
COMPLET	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
	7.1.	1-4							
BE	Jake Wij	ggleton	95 MAILING ADDRES	Georgi S (Street and Number or Rural			10)		
일							1016		
	20a, METHOD OF DISPOSITION			imont Ave. / Balance of cometerly, cremeterly or		CATION — City	or Town State		
	1 🗚 Burlat 2 🗆 Cremetion 3 🗆 Remo	vat from State King	Memroia	l Pk. Cemeter	rv Ran		own, Md.		
	4 Donation 5 Other (Specify)			NAME AND ADDRESS OF FA			7,114		
	► Aladia	W 0 0 0 0 0		VM. C. MARCH		E. NOI	RTH AVENUE		
	23. PART I. Enter the diseases, or co	omplications that caused the d	leath. Do not ente	r the mode of dying, euc	h se cardiec or reep	iretory errest	Approximate		
		let only one cause on each lin	ie.				Intervel Between Onset end Deeth		
	IMMEDIATE CAUSE (Fine) disease or condition								
	resulting in deeth)	DUE TO (OR AS A CONSI	EQUENCE OF):	an gen	rune		12001		
	_	Cmoo L	1 4 0	homit	1 mili	111	12 days		
RTIFICATION	Sequentially list conditions,	DUE TO JOH AS A CONSI	EQUENCE OF:	1	yar a	v Ce	12009		
AT	If eny, leeding to immediate ceuse. Enter UNDERLYING	Dilato	Ca	ed jone	is ah ent	ly	12 days		
[윤]	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):		7 01 - 1		1 - 33 1/		
Ē	resulting in death) LAST	Dicheles	mell	itus - u	ncontr	ollos	12 days		
핑			7 000				0		
ابرا	PART II. Other significent conditions	contributing to deeth but not	reculting in the u	nderlying ceuse given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL					1 _ YES		COMPLETION OF CAUSE		
					_		OF DEATH? 1 YES 2 NO		
Σ							1 10 10 1 10		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (C/	neck only one)				
<u>고</u>	EXAMINER?	HOSPITAL:	OTHE	R:					
PHYSICIAN	1 YES 2 NO	1 M. Inpatient 2 DER/Outpatient 28e. DATE OF INJURY	28b. TIME OF	rsing Home 5 Residence 28c. INJURY AT	8 U Other (Specify) 28d. DESCRIBE NOW	IN HIM ACCID	50		
1 1	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d, DESCRIBE NOW	INJUNY OCCUM	EU		
B	2 Accident Investigation	200 81 405 05 141 11100		1 YES 2 NO	201 1 00171011 101	and Mirch	Burni Barda North		
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At It building, etc. (Specify)	nome, renn, acreec, re	ctory, office	281. LOCATION (Street City or Town, State	and Number or i	Hurai Houre Number,		
Li					l				
4	TOTAL OTHY	CIAN: To the best of my knowledge, o	death occurred at the	time, data and place, and dur	s to the cause(s) and me	nner se stated.			
MO	one) 2 MEDICAL EXAMINE	R: On the beals of examination and/o	r inveatigation, in my	opinion, death occured at the	time, data and place, a	nd due to the c	suse(s) and manner as stated.		
U U	29b. SIGNATURE AND TITLE OF CERTIFIER	10		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
00	CPMesta 1	10.		D34	974	D 4	12191		
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CALISE OF DEATH //T	EM 27) (Sens Driet)			,	,		

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PMEHTA, MD, 715 H (RADLE ROCK

31. DATE FILED (Morith, Day, Year).

4/2/APR 25 1991 June Dandon-Rondoll

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR	OMIL OF I	C		CATE OF	DEATH	MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	OF DEATH DAY	YEAR	3. TIME OF	DEATH
MARVIN	O DELL		WI	LLIS II	I	04	21	91	3:35	Р м
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Year)	8. BIRT Coun	HPLACE (State	or Foreign
214-86-0672	1 [X] M 2 [] F	25	YRS.	MONTHS DAYS	HOURS MIN.	8	19 65		Mary1	and
9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN C	OR LOCATION OF D	EATH	9c. C	OUNTY OF	DEATH	
441 YALE AVENU	E			BALTIMO	RE CITY					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE	CITY
Md									LIMITS	17
10e. STREET AND NUMBER				Baltim	ZIP CODE		100	STIZEN OF	WHAT COUNT	
441 Yale Avenue					212	200	1.03.		WILL GOOM	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.VA	RMED	13. WAS DEC		, to J	(Specify Yes or No-	USA - LIA RAG	E — America	n Indian
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes, sp	ecify Cuban, Mexico 2 X NO Specif	in, Puerto Ri	ican, etc.)	Blac	k, White, etc.	
3 Widowed 4 Divorced				1	a M ivo absor			· Spo	Bla	CK
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. D	ECEDENT'S	USUAL OCCUPATION	ON at of working	16b. I	KIND OF BUSINESS	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	- Ad	e. Do NOT us	se retired.)						
						St.	Johnshi	ry Tr	uckin	d
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		iddle, Maiden Surnam			
Marvin O. Willis	Jr.				Antoine					
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street a	and Number or Rural	Route Numbe	or, City or Town, State,	Zip Code)		
Victorine Gross-H	lall				n Street	-	timore.	Md 2	1216	
201/ METHOD OF DISPOSITION 1 D Buriel 2 Cremetion 3 Res	moval from State			or other place)	(Name	DATE				
4 Donation 5 Other (Specify)		- LArbu	tus M	emprial		4/26	/91 Balt	imore	, Md	
21. SIGNATURE OF FUNERAL SERVICE,L	ICENSEE	/		22. NAME AI	ND ADDRESS OF FA	lv	larch Fun			West
MALL	11 (V)S	M				4	300 Waba	sh Av	enue	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONSI	EQUENCE O	F):						U
that initieted events resulting in death) LAST	d.	(OR AS A CONSI	EQUENCE O	F):						
PART ii. Other eignificant condition	one contributing to	deeth but not	resulting	in the underlyin	g ceuse given in	Part I.	24s. WAS AN AUTOP	SY 24		PSY FINDINGS
							PERFORMED?		COMPLETIO DF DEATH?	N OF CAUSE
							1		1 TYES	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	neck only one)			
1X YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 🕅 Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM	E OF 28c. IN.	JURY AT		CRIBE HOW INJURY	OCCURED		
1 Natural 6 Pending 2 Accident Investigation		/21/91			YES 2 NO	SUBJ	JECT SHOT			
3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At I	ome, farm,	street, factory, offic		26f. LOCA	TION (Street and Nur or Town, State)		Route Number	;
4 Homicide determined			HOM	E		1 '	YALE AV	ENUE		
Tonibon only	SICIAN: To the best of sER: On the basis of s								(a) and menne	or as stated.
266 SIGNATURE AND TITLE OF CERTIFI	Dolla	Sh	Md		29c. LICENSE NU		29d.	04/22	D (Month, Day,	Year)
MAKIOF GOV	HO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type		STREET, F	ALTIM	ORE_MARY	T.AND	21202	
31. DATE FILED (Month, Day, Year) APR 25 1991	Julie De	SIGNATURE	ndette							

4.

188 5 1881 July 1881 4 8 8 8 8

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

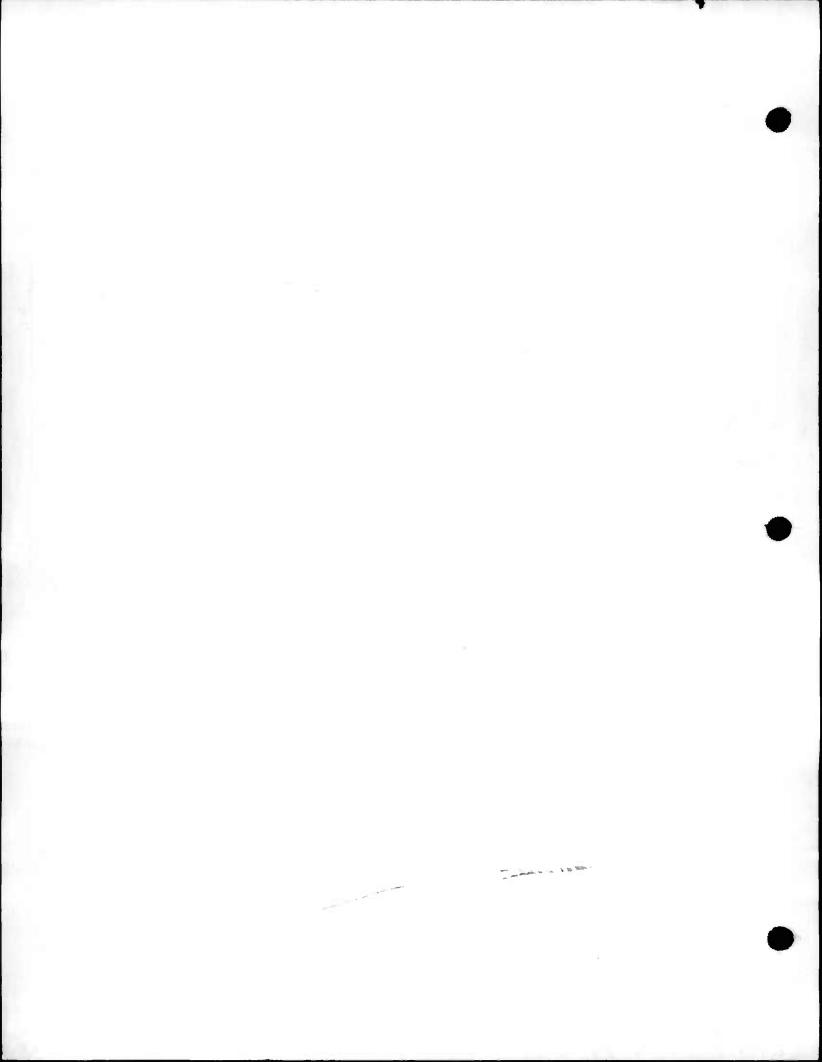
TOWNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be after bear after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTME CERTIFICA			MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) FRANZ VONWEIZ	MANN aka E	ARL S. WAIT			MONT	OF DEATH		AR	9:55 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF U	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BIRTH	1.0	BIRTHPLA Country)	CE (State or Foreign
	213-30-9174	1 X M 2 🗆 F	5 / YRS.				717/193			YLAND
œ	9a. FACILITY NAME (If not institution, give : 7303 SPOUT HILL		96. 0		R LOCATION OF DE	ATH		9c. COUNTY		
6	RESIDENCE OF DECEDENT	ND.		SYKESVILLE					ARRO	باد
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, TOV					100	I. INSIDE CITY LIMITS?	
2	MARYLAND CAI	RROLL			SVILLE					YES 2 NO
RA	7303 SPOUT HILL	DΩ		101,	ZIP CODE 21784	1		10g. CITIZEN		COUNTRY7
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGI	1? (Specify Yes o		JSA RACE —	American Indian, hita, etc.
B	1 Never Married 2 Married 3 Widowed 4 XDiverced	FORCES? 1 X YES	DATES		city Cuben, Mexica 2 XNO Specifi		Rican, etc.)		Specify:	WHITE
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S USUA	L OCCUPATIO	N st of working	·16b	. KIND OF BUSI	NESS/INDUST	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work de life. Do NOT use retin							- 1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4+	PHARM	ACIST	40 1000110000		DRU			
8	BENJAMIN R. WAI	TSMANI			18. MOTHER'S NA		Middle, Melden Si PERT	umame)		
BE	19a. INFORMANT'S NAME (Type/Print)	2011114	19b. MAILING ADDR	RESS (Street a				State. Zip Co	de)	
유	MRS. EVA A. WAI				T AVE.		TIMORE,		21215	
	26a. METHOD OF DISPOSITION 1 DS Surlei 2 Cremailon 3 Rem 4 Donation 5 Other (Specify)	noval from State	bb. PLACE AND DATE OF D f cemetary, crematory or off WORKMEN C	isposition er place) IRCLE		/24/S		ATION — CHY ALTIMO		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			D ADDRESS OF FA		. BROS	. TNC		
	tel	1) dei	IA		REISTERS					21215
	23. PART i. Entar the diseases, or shock, or heart failure. IMMEDIATE CRUSE (Final disease or condition resulting in death)	List only one cause on	aach line.					atory arrest	1	Approximate interval Between Onset and Death
NOIL	disease or condition a. I 3 chemic Cavaliamy pathy DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
岁	DADT II On as also illegate and distance	U				.				
PHYSICIAN: MEDICAL	PART ii. Other significent condition	ns contributing to death	but not resulting in the	e underlying	g ceuse given in	Part I.	24s. WAS AN A PERFORM 1 YES 2	ED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only o	ne)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou		HER: Nursing Hom	e 5 Realdence	6 🗆 Othe	er (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT	28d. DE	SCRIBE HOW IN.	JURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation	NA	· NIA	1 1	ES 2 NO		419	-		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	At home, farm, street,	factory, offic	+	26f. LOC City	CATION (Street and or Town, State)	d Number or i	Rural Route	Number,
COMPLETED	onel	SICIAN: To the best of my kno ER: On the bests of examinat							euse(a) an	od menner aa stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	1	· · · · · · · · · · · · · · · · · · ·		29c. LICENSE NU	MBER		29d. DATE \$	IGNED (Me	opth, Day, Year)
2	TETGES Nº	X3100.			D251	12		14	25	191
	30. NAME AND ADDRESS OF PERSON WI	20 CYOSS	RORDS T	nivin	ouite u	102 2100	15 M	113.	Mr	1 21117
	31. DATAPR M25 1991	ACRES DE LA SERVICIONE	My Condatte				1	,		

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	Cours after death. Par 6 may be remined by the hospital or attending physician. ed in by the funeral princip one 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st, or removal. medical examilies must be obtified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Just after death. The final be incompletely the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral finance and 5 hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner our beginned at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		MENT OF HEALTH		TAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last) SADIF WHE	EDEN SA	DIE E.	WHEEDEN	2. D/	ATE OF DEATH DAY	great great	3. TIME OF DEATH	
		M 2 PF	9 YRS.	IF UNDER 1 YEAR IF UNDER IONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATI	MIN. (M	TE OF BIRTH lonth, Day, Year) 2-20-189	Co	ATHPLACE (State or Foreign unity) enna F DEATH	
TOR	ST. JOSEPH HOSPI	TAL		TOWSON	, M	<u>)</u>	BAL	TIMORE	
DIRECTOR	MD 106. COUNTY Bal	to Co	10c. CITY,	Town or location Towson				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER	_		10f. ZIP COD	E		10g. CITIZEN O	F WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 12.	Laney-Tows WAS DECEDENT EVER IN FORCES? 1 - YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	13. WAS DECENDENT Of the year, specify Cubin 1 YES 2 NO	in, Mexican, Pus		В	ACE — American Indian, lack, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondery (0-12) Co		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during most of worki	ng	16b. KIND OF BUS	Homema		
BE COM	17. FATHER'S NAME (First, Middle, Lest)	SCHI	LICTER	16. MOT	HER'S NAME (FA	rst, Middle, Malden S		iker	
TO B	19m. INFORMANT'S NAME (Type/Print) Marjorie McCaffary	family		Omont Rd, Li					
	20a. METHOD OF DISPOSITION 1 Burisi 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from Stats	other place)	TION (Name of cemetery, crea			CATION — City o	r Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	1 A L A	de,Dir 1/22/91	655 W. Ba		STATE	ANATOMY to,MD 2		
	23. PART I. Enter the disease, or companies to the companies of the compan	SEPS			ing, auch ea	cardiac or reapi	ratory arreat,	Approximate interval Batwaan Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7					
L CERI	PART II. Other aignificant conditions co	ontributing to death b	ut not resulting in	the underlying ceuse	given in Part	i, 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL	DIABETES RENAL FA					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPÍTAL:			DEATH (Check on	ly one)			
IYSI		Inpatient 2 ER/Outp	patient 3 DOA	OTHER: 4 Nursing Home 5 F		Other (Specify)	I Hav Accure		
BY PH	1 Return 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU			DESCRIBE HOW II	NJORY OCCURE		
	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building are. (Shore/Shore).							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	-						se(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	E PHYSIC	iAn	I	ENSE NUMBER	lo	29d. DATE \$10	NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO CO	ST. JOSEPH	HUSPITAL	, 7620 YES	KRO.	Towson	v 141)	21204	
	APR 25 1991	32. REGISTRAR'S SIGN	Pandell.						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-murs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 5-murs and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or term 63 now my Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

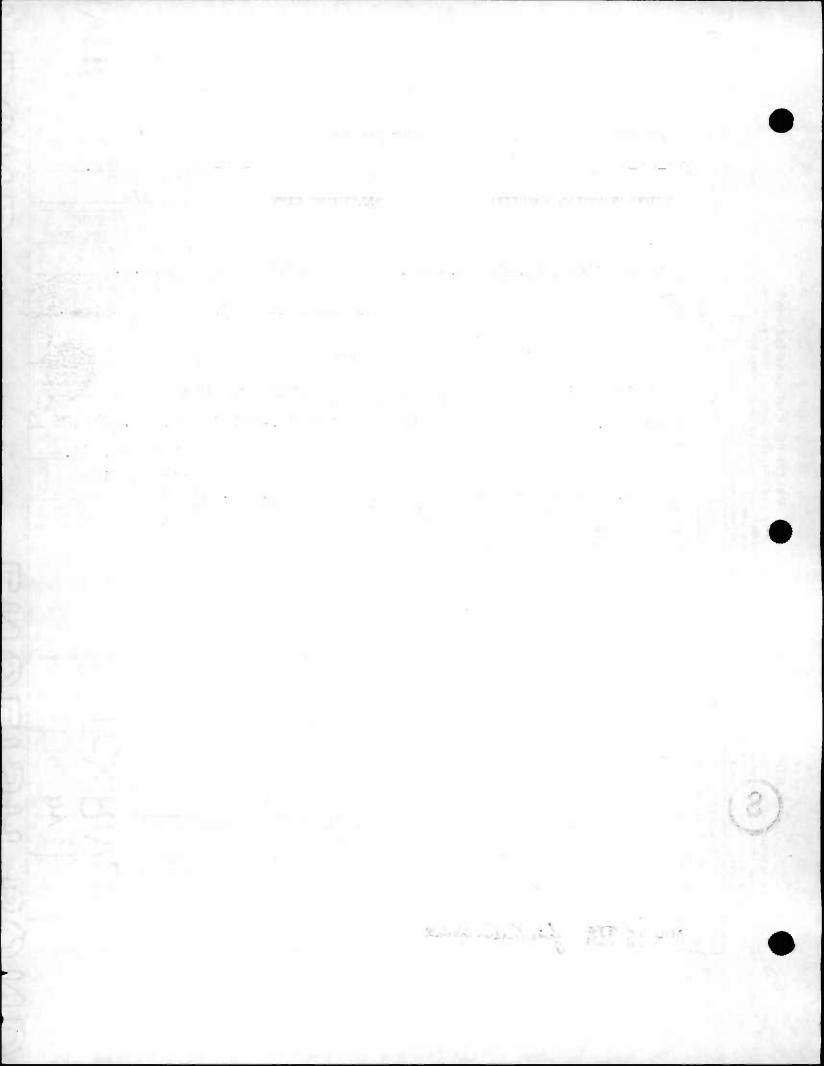
STATE OF MARYL	AND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF HEAL			YGIENI		•	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3.	TIME OF DEATH
,	Ralph Harlan	W	aller				MONTH 4	19		AR 2	:30 AM
							7. OATE OF BI	IRTH (bar)	8.	Country)	ACE (State or Foreign
	177 07 7010	∑ M 2 □ F	89 YR	S. MONTHS	DAYS HOL	MIN.	10/16	/01		Ι	Delaware
_	9a. FACILITY NAME (If not institution, give street			9b. CITY	TOWN OR LO		ATH		9c. COUNTY		
5	Berlin Nursing Ho	me			Berli:	n 			W	orce	ster
E C	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCATION					104	d. INSIDE CITY LIMITS?
5	Md. Worce	ster		Ocean	City					ıX	YES 2 NO
IA	100. STREET AND NUMBER				10f. ZIP				10g. CITIZEN		T COUNTRY?
FUNERAL DIRECTOR	103 Caroline St	<u> </u>				21842				USA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 K NO			Cuban, Maxica	IIC ORIGIN? (Sp n, Puerto Ricen /:		or No— 14.	Black, W	American Indian, Thita, etc. White
COMPLETED	15. DECEOENT'S EDUCATI (Specify only highest grade con	ION	18a. DECEDEN	IT'S USUAL O	CCUPATION during most of t	working	16b, KINI	OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sun O	II CO.		-	۱	1 D	· ·		
MP	12 yrs.		Instr	ument	Operat				finer	<i>y</i>	
8	17. FATHER'S NAME (First, Middle, Last) J. Harley Waller	•					ME (First, Middle			. `	
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAII	ING ADDRES			eth An	<u> </u>			
임	Mark Brown						, Md.			ue)	
	20a. METHOO OF DISPOSITION	2	0b. PLACE OF DIS	SPOSITION (N	ame of cemetery	, crematory or		20c. LO	CATION — City		
	1 X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		Other place)	Holly	wood C	emeter	У	Har	ringt	on, l	Delaware
	21. SIGNATURE OF PANEIRAL SERVICE LICENS	SEE		22.	NAME AND AD	DORESS OF FA	1	08 W	ge Fur illian n, Md	ns St	l Home t. 1811
	23. PART I. Enter the eleceses, or con	pilcations that cous	ed the deeth. [Do not enter	the mode o	f dying, suc					Approximate
	IMMEDIATE CAUSE (Final disease or condition						intarval Between Onset end Death				
	DUE TO (OR AS A CONSEQUENCE OF):							3-40,			
CERTIFICATION	Sequentially list conditions, lf any, leading to immediate	DUE TO (OR AS	A CONSEQUENC								-
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Bnt	42110	5 0/-	1001	10013					Jen
	that initiated eventa reaulting in death) LAST		A CONSEQUENCE	E OF):							912
CER	d		19								,)
CAL	PART ii. Other eignificent conditions of	ontributing to deeth	but not reaulti	ng in the u	nderlying ce	uee given in	Part I. 24a	WAS AN	AUTOPSY MED?		ERE AUTOPSY FINDINGS WILABLE PRIOR TO
DIC.							10	YES 2		CC	OMPLETION OF CAUSE F DEATH?
M										1	YES 2 NO
E											
PHYSICIAM: MEDI		OSPITAL:		OTHE	R:	OF DEATH (Ch	3.1 - 200 2				
H	27. MANNER OF DEATH	26a. DATE OF INJUR	Y 28b.	TIME OF	28c. INJURY		6 Other (Sp. 28d. DESCRIE		NJURY OCCUP	REO	
ΥP	1 X Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK?	2 NO					
D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU- building, atc. (S	RY At home, fa	rm, street, fac	tory, office		28f. LOCATIO City or To		and Number or	Rural Rout	te Number,
COMPLETED	4 Homicide determined	banding; are: (c)					City or 10	WII, GIRRY			
PLE	29s. CERTIFIER (Check only 1 X CERTIFYING PHYSICIA	N: To the best of my kno	owledge, death oc	curred at the	time, data and	place, and due	to the cause(s) snd mar	ner as stated.		
O	One) 2 MEDICAL EXAMINER:	On the beals of examinat	tion and/or investi	gation, in my	opinion, death	occured at the	time, date and	place, en	d due to the c	ause(a) ar	nd manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				290	. LICENSE NUI	MBER				lonth, Day, Year)
TO B	1-0-2	- Zu	7			D020	26		▶ 4 /	19/9	1
	30. NAME AND ADDRESS OF PERSON WHO				0000	D +	es, Be	r1:	n MT) 2	1811
	Federico G. Art	32 MEGISTRAR'S EX		UZZA	oceai	T E TIL	co, De		. 11 , III	,	. 1011
ı	APR 25 1991	THE WILLY GOOD	MARKE								

salego-delle ja 1991 - 299

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENS
CERTIFICATI	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH
	MARGARET 4. SOCIAL SECURITY NUMBER	5, SEX 6, AGE	YOUSKA (In yrs. leet birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN		BIRTNPLACE (State or Foreign
- 51	The second second	The second secon	YRS. MIST DIFFICULTY MONTH	7	(Month, Day, Year)		Country)
	217-01-9032		82 YRS.		9-19-08	3	Md.
	9a. FACILITY NAME (If not institution, give	street and number)	96. 0	ITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATN
5	INITON MEMORIAL	HOCDIMAT		ALTIMORE CITY		l N	/ A
5	TINTON MEMORIAL RESIDENCE OF DECEDENT	HUSPITAL					
DIRECTOR	10a. STATE 10b. COUNT	ſ¥	10c. CITY, TOV	N OR LOCATION			10d. INSIDE CITY LIMITS?
<u> </u>	Md. Bal	ltimore	Wood	ilawn			1 YES 2 X NO
	10e. STREET AND NUMBER		1 1000	101, ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
FUNERAL	OAO Magatiala	+ דמ אם +	Ma	21207	,	TT C	. A
ŽΙ	949 Masefield	12. WAS DECEDENT EVER		13. WAS DECENDENT OF HISPA	NIC OBICINS (Secolo, V	U.S	RACE — American Indian,
۱ ۲	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes, specify Cuban, Maxic	en, Puarto Rican, etc.)	14.	Black, White, etc.
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 YES 2 NO Speci	fy:		Specify:
2	15. DECEDENT'S ED	I I I I I I I I I I I I I I I I I I I	N/A	000101701	N / A		White
4	(Specify only highest grad	ie completed)	16a. DECEDENT'S USUA (Give kind of work do life. Do NOT use retin	ne during most of working	168. KIND OF BU	JSINESS/INDUS	IMY
COMPLEI	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ine. Do NOI use retire	0.)			
=	N/A	N/A	House	ewife	N/	A	
5	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maide	n Surname)	
DE C	Casimir Milia	auskas		Agnes	Krakaus	skas	
מ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural			ide)
۱ ۲	Norman C. You	iskauskas	5564 M	nanning Rd.	Pol+ima	wo IV	14 27220
	20a. METHOD OF DISPOSITION		0b. PLACE AND DATE OF D				y or Town, State
- 1	1 Surial 2 Cremation 3 Ref		of cemetary, crematory or oth	er place)			
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENGEE		ark Cemeter		sar tim	nore. Md.
	21. SIGNATURE OF PONERAL SERVICE L	ICENSEE		5151 Balt		ations	7 Pike
, j	G. Truma	an Schwab		Baltimore			1 220
= 1	23. PART i. Entar tha diseasea, or		ed the death. Do not er				t, Approximate
	shock, or haert fellure	. List only one cause on	aech lina.				interval Between
	IMMEDIATE CAUSE (Final disease or condition	4	1	1			Onset and Deeth
	resulting in death)	a. ACU	A CONSEQUENCE OF):	auluce			
		DUE TO (OR AS	A CONSEQUENCE (F):				
Z	Sequentielly list conditions,	b	OYD				
RIFICATION	If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	0 4			
5	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c DA	you CA	1 lune			
I	that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):	0 8			
E	resulting in death) LAST	4	HE				
5							
Ä	PART II. Other significant condition	ns contributing to death	but not resulting in the	underlying cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 D YES		COMPLETION OF CAUSE
<u> </u>							OF DEATH?
2							10,125 20,110
A A	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	ОТ	1ER:	neck only one)		
2	1 TYES 2 NO	1 Inpatlant 2 ER/O	stpatient 3 DOA 4 D	Nursing Nome 5 - Rasidence	6 🗆 Other (Specify)		
F	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year		26c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
B	1 Natural 6 Pending 2 Accident Investigation			1 YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (S/	RY — At home, ferm, atreet,	factory, office	261. LOCATION (Stree	t and Number or	Rural Route Number,
ED	4 Homicide determined	bonding, are joy	youry)		City or Town, Stat	a)	371 519
4	29a. CERTIFIER	0101441 7- 11- 1- 1- 1- 1- 1-		read deliberation to a	artis Tourist Herini		
COMPLET	one)			he time, data and place, and du			
5	2 MEDICAL EXAMI	TEN: On the basis of axaminan	non and/or investigation, in	my opinion, death occured at th	e time, data and place,	and dua to the	cause(a) and manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFI	ER ()		29c. LICENSE N	MBER	29d. DATE 5	IGNED (Month, Day, Your)
						1 6	- 1 / / / / /
ם	WCauvan	IN MO					1919/
2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF I	DEATN (ITEM, 27) (Type, Print,			2	-14 19/
TO BE	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF I	DEATH (ITEM, 27) (Typo, Print)	Battimore	Md 21	213	79/9/
0	1111/00 11	JO DOMPLETED CAUSE OF TO THE VI		Battimore	Md 21	213	79/9/



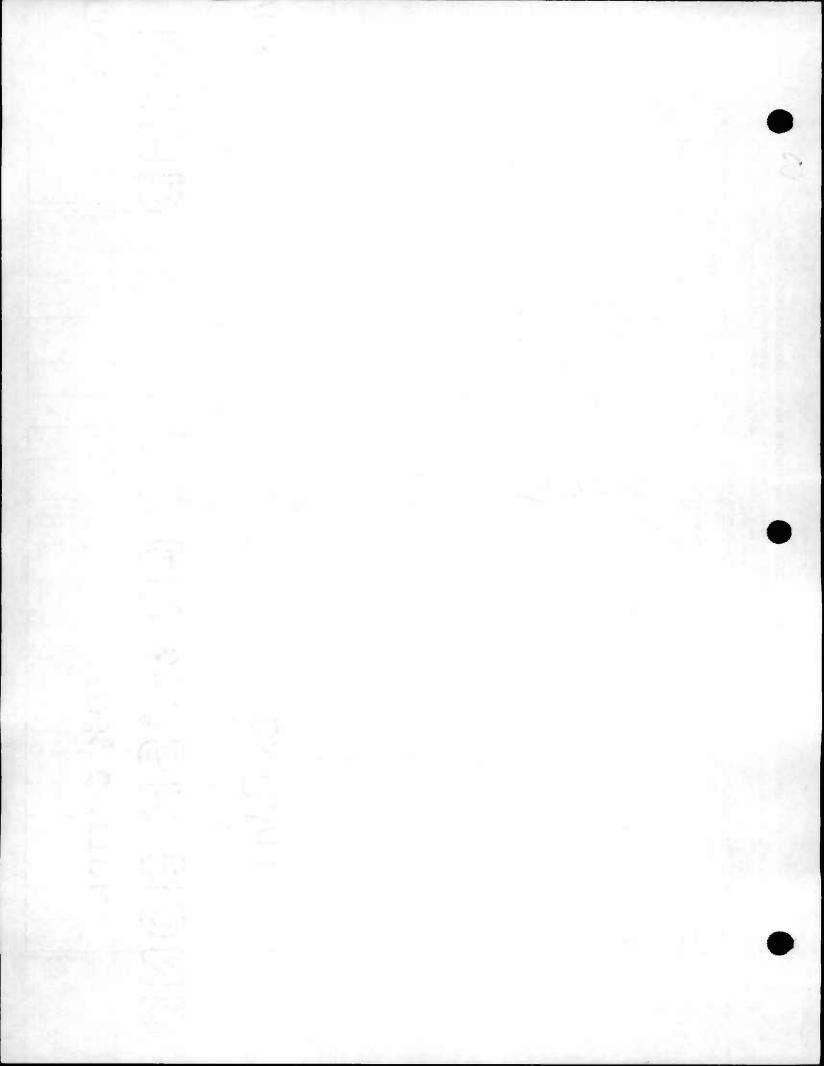
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, APR 2

1	FOR STATE	STATE OF N	MARYLAND / DEPA	RTMENT OF				11228
1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	M. \	ARUSE		RUSH	2. DATE OF DEATH MONTH		S. TIME OF DEATH 2105A M
	4. SOCIAL SECURITY NUMBER 212-36-1226	5. SEX 1 M 2 X F	6. AGE (In yrs. lest birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1935	BIRTHPLACE (State or Foreign Country) Maryland	
- 1	9a. FACILITY NAME (II not institution, give st University Hospit				more City		9c. COUNTY	OF DEATH
) ()-	RESIDENCE OF BECEDENT 10a. STATE 10b. COUNTY Maryland		10c. C	Baltimor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STRĚET AND NUMBER 7734 Washington B				of. ZIP CODE 21227		U.S.	
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED VES 2 NO AR OR DATES	If yes,		NIC ORIGIN? (Specify \ in, Puarto Rican, etc.) y:	fes or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHite
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Give kind o	r's USUAL OCCUPA of work done during in use retired.)	FION nost of working	16b. KIND OF B	OUSINESS/INDUS	TRY
)	17. FATHER'S NAME (First, Middle, Lest)		Rick	MILE		<u>l</u> ME (First, Middle, Meid llian		Jones
	190. INFORMANT'S NAME (Type/Print) Mr. Robert R. Yar	ush				Route Number, City or 7 Lot 43B		timore,Md.2122
	20a. METHOD OF DISPOSITION 1 🕅 Burial 2 □ Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)		20b. PLACE AND DI of cemetary, cremate Garder	ory or other placa) 1S of Fa	ith 4/	26/91		ore,Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Paul Paul	L. HArtsock,J		and address of FA		5 Harfo Balti	rd Rd. more,Md. 21214
	23. PART I. Enter the diseases, or o ehock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition		use on each line.			ch as cerdlec or red		t, Approximate interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate	DE	(OR AS A CONSEQUENCE	ULCE	R DI	SEASE	2706	~ ~ ~ ~
	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	OF AS A CONSEQUENCE	COP:	NA C	SANCER	2	
	PART II. Other eignificent condition	s contributing to	deeth but not reaultin	ng in the underly	ing ceuse given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			_	PLACE OF DEATH (C	heck only one)		
	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF			ome 5 Residence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined		OF INJURY — Al home, fam, atc. (Specify)		YES 2 NO	261. LOCATION (Stree City or Town, St	eet and Number or ate)	Rural Route Number,
	Cribick only		f my knowledge, death occ					cause(a) and manner as stated.
4	29b. SIGNATURE AND TITLE OF CERTIFIE	R YSU	0		29c. LICENSE NU	JMBER	29d. DATE S	SIGNED (Month, Day, Year)
2	36. NAME AND ADDRESS OF PERSON WI	S M	USE OF DEATH (ITEM 27) (I	Type, Print) Sou X2	GREEN	U37 B	St N	1221201



Pages 1, 2, 3 should

permit.

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R	
VITA	
OF	
DIVISION	
_	

CHANDRA BELANI, M.D.V.,

APR 26 1991

32. REGISTRAR'S SIGNATURE

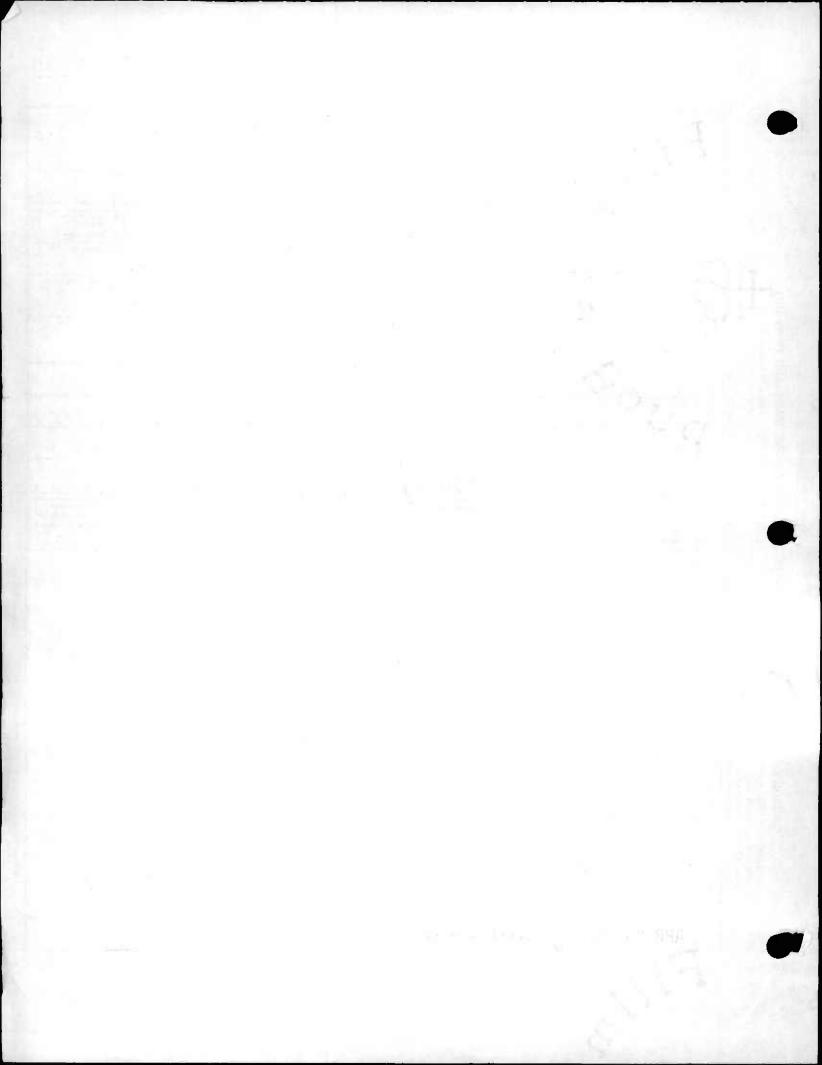
D Duvisio	e burial		
TO THE MOSPITAL OR ATTENDING PHYSICIAN; The time with the death certificate be executed within the colour after death. Page 5 may be relained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate massers from the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar		
Ital or	1 for u		
bosp e	etache		nce.
3	be d		at o
retained	Should		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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E 9	ector,		must
30	ral dir		luer
death	e fune	<u></u>	өхап
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Thin 4	letely 1	етаро	nt, th
uted w	сотр	rial, cr	949
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death	atten	ental	17, 0
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6) 10 10 10 10 10 10 10 10 10 10 10 10 10	ŀ	shor
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CIAN:	rtifical	he Sta	or Ite
PHYS	this c	with	rked,
DING	After	death	S ma
ATTEN	CIOR	s after	28
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9 1 1 2 2 9 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR APRIL 24, CARMELLA J. AMORIELLO 1991 1:40 P. 7. OATE OF BIRTH (Month, Day, Year)
AUGUST 26,1938 MARYLAND 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 216-36-7273 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4529 FITCH AVENUE BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? 10a. STATE BALTIMORE MARYLAND BALTIMORE 1 TYES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE 4529 FITCH AVENUE 21236 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puarto Ri
1 YES 2 XNO Specify: 2 X NO 1 Never Married 2 X Married β WHITE 3 Widowed 4 Divorced 8 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) during most of working (Give kind of work done life. Do NOT use retired.) ᆸ Elementary/Secondery (0-12) College (1-4 or 5+) COMPL MANAGER RESTAURANT N/A N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnama) JOHN DE ROSA DOLORES JEANS 8 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4529 FITCH AVENUE, BALTIMORE, MARYLAND 21236 CARL AMORIELLO (HUSBAND) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State 20a. METHOD OF DISPOSITION

1 X Kurlai 2 Cremation 3 Removal from State GARDEN OF FAITH BALTIMORE, MARYLAND 4 Donalton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIQENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MARYLAND 21236 ugene alne 23. PART i. Enter the diseases, of complications that caused the death. Do not snter the mode of dying, such se cerdiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximsta intarvai Batwean Onset and Death **IMMEDIATE CAUSE (Finsi** 405 disease or condition resulting in death) METASTATIC SMALL CELL CARCINOMA OF THE LUNG DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Residence 6 - Other (Specify) 4 Nun 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO B Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Chark only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mai 295 STONATURE AND TITLE OF CENTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Modth, Day Year) BE 08246 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

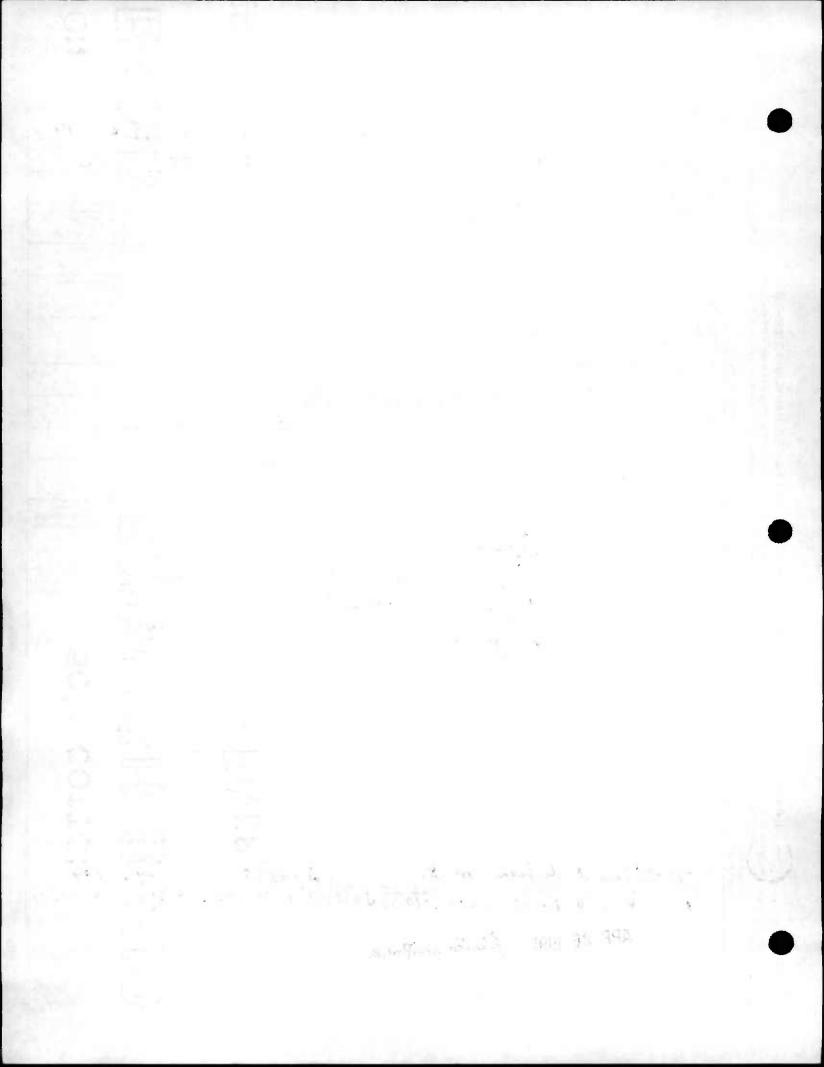
22 SOUTH GREENE STREET, BALTIMORE, MARYLAND 21201



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	JAMEN DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF M				F HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Win Fred	D	Arms	+001	79		2. DATE O	F DEATH DAY	- 9 YE	AR /	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-62-7092	1 M 2 - F	8. AGE (In yrs. In	st birthday) YRS.		AYS HOURS MIN.		3-55	5 °	Country)	CE (State or Foreign
TOR	9a. FACILITY NAME (# not institution, give str Saint Joseph RESIDENCE OF DECEDENT	Hospit	al_		96. CITY TO	It I mare		90	TO	WS C	
DIRECTOR	MD 10a. STATE 10b. COUNTY		BALTIMORE, CITY					Y 10d. INSIDE CITY VIMITS? 1 YES 2 \(\text{NO} \) NO			
FUNERAL	4901 GOODNOW				T	21206				USA	
BY FU	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE W	YES 2		If y	B DECENDENT OF HISP, es, specify Cuban, Mexic YES 2 1 NO Spec	an, Puerto Ri	(Specify Yes or I can, atc.)		Black, Wh	American Indian, nita, alc. BLACK
ONCE.	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)) (G	Give kind of w e. Do NOT us	USUAL OCC vork done dur e retired.)	ng most of working	16b. i	KIND OF BUSINE	SS/INDUST	'RY	
at once.	17. FATHER'S NAME (First, Middle, Lest) WINFRED J. ARN	L 1/2 yr MSTRONG		NEMP	LUTE	18. MOTHER'S N		ddle, Melden Sum URGESS	*		
TO BI	19a. INFORMANT'S NAME (Type/Print) ARLENE ARMSTF	RONG				TON AVE.	/ Route Numbe	r, City or Town, St	tate, Zip Cod	,	213
a mest b	20s. METHOD OF DISPOSITION 1X_Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION PARK WOUD CEMETERY BALTIM										
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM.C. MARCH F.H.1101 E. NORTH AVE.										
other traumatic event, the medical examiner must be notified at once. TIFICATION TO BE COM	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	Let only one cour		e.	n -	deficin	7 2	gudin			Approximate interval Batwean Onset and Death
5 K	CAUSE (Disesse or injury that initiated events resulting in dasth) LAST	June 10	OR AS A CONSE	QUENCE OF	P):						
shows any injury, I: MEDICAL CE							24a. WAS AN AUT PERFORMED 1 YES 2	D?	AVA COI DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
ed, or item 23 shows PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHER:	26. PLACE OF DEATH (6					
marked, or BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, Da	INJURY	28b. TIM	1,770,711	Ic. INJURY AT WORK?		CRIBE HOW INJU	RY OCCUR	ED	
Z8 IS	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide delarmined 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 28b. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)							Number,			
MPORTANT: If Item D BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINED					o, data and place, and d nion, death occured at II				suse(s) an	d manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	e teon,	m.s	-		29c. LICENSE N		29	M. DATE SI	GNED (MO)	nth, Day, Year)
F	naturally Sol			EM 27) (Type	T.Jo	SEPH HO	SPITA	LITO	WSON	1, 14	D- 21204
	APR 26 10	32. REGISTRA	R'S SIGNATURE	8						7	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF I			MENT OF			MENTAL HYGI REG.	
DECEDENT'S NAME (F		ABSH	IRE Par	ul Be	rnard A	bshir	e	2. DATE OF DEATH	DAY
232-2					IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	
rancis So	ott Key		(enter		96. CITY, TOWN Balt	OR LOCATI			
Mod.	10b. COUNTY	altimore		10c. CITY	Dundal				
6901 Fenu					1	2/2			
. MARITAL STATUS Never Married 2 Married FORCES? 1 YES 2					If yes, a			IIC ORIGIN? (Specify in, Puerto Rican, etc. y:	

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce				EALTH DEAT			HYGIENI REG. NO.	E		1160
	DECEDENT'S NAME (First, Middle, Last) PAUL		rnard Abshire 2. DATE OF DEATH MONTH				DEATH DA						
OR	4. SOCIAL SECURITY NUMBER 2 3 2 - 26 - 4364	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. let							7. DATE OF BIRTH 6. BI			6. BIRTHI Country	
	9a. FACILITY NAME (If not institution, give Francis Scott Key		9b. CITY, TOWN OR LOCATION OF DEATH Baltimore (ity					, 1)	9c. COUN	TY OF OR	V. Va.		
DIRECTOR		10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION Dundalk							10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 6901 Ferway			1	500		ZIP CODE 2/2				_		1 TYES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married			MED NO	MED 12 WAS DECEMBENT OF HISDANIC ODICING (Seconds)					Specify Yes an, etc.)	Ges or No.— 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	ilve kind of work done during most of working b. Do NOT use retired.)						business/industry					
BE CON	17. FATHER'S NAME (First, Middle, Last) William Frank	lin Abshi	re				_		ME (First, Mid		Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Reva M. Abshire			-			ond Number Dund		Route Number,	City or Town 21 222		Code)	
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE of ce Clark		n e	ne te	RU	4	-27-9	Fas	CATION — C	L Mo	1.
	21. SIGNATURE OF FUNERAL SERVICE L	D. Ze	lu		C/	rarl	es S.	ss of fa	ciler (s Son	Inc.	622 East	stern Ave.
ATION	23. PART I. Enter the diseases, or shock, or heert feilure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	e. Solution of the Due To Due To Due To	DSIS MOR AS A CONSE	OUENCE C	DF):			_		c or reepi	ratory srre	est,	Approximete interval Between Onset and Deeth 424 hrs
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE/OF):									12 days			
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to	o death but not	resulting	in the u	nderlyin	g cause (given in		4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:		N	heck only one)				
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE O	26b. Tif	_	28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCUR WORK? 1 YES 2 NO			URED					
	a 🗆 autota	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, streat, factory, office City or Town. State)									loute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
TO BE C	29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 30. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typb, Print)									1			
8	M. COLBURN MID. FRANCIS S'OOT KEY MEDICAL CENTER BACTU, MD												
	" "APR" "2'6" 1991	James Dav	idson-Hand	مالك									

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interture. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be marked, or Health and Mental Hygiene prior to bunal, cremation, or removal.

91-2214-003

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN REG. NO		- 1.09		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH	С.	ALSTON			2. DATE OF DEATH DATE OF DAT	AY YEAR	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER 242-78-0042 Se. FACILITY NAME (If not institution, give s Empty 10t	1)(X)(M 2 □ F	AGE (In yrs. leet birthday) 15 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 2-19-76	8. BIF Con	TTHPLACE (State or Foreign Intry). N.C.		
5	Lokus Street and	Lamonte A	venue	Odenton			Anne Ar	undel		
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER		1 5	altimore	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
BY FUNERAL	21 Walden Oak Ct. 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 X YES IF YES, GIVE WAR OR DATES			13. WAS DEC	21207 ENDENT OF HISPAN Holfy Cuben, Mexica 2 NO Specify	US A n or No — 14. R/B	ACE — American Indien, ack, White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	CEDENT'S USUAL OCCUPATION Ve kind of work done during most of working Do NOT use retired.) Student						
	17. FATHER'S NAME (First, Middle, Last) Joseph L. Alst(on.		oudeno		ME (First, Middle, Maiden	,			
TO BE	19a. INFORMANT'S NAME (Type/Print) Bettie Alston	19b. MAILING	Walden (Bett	Route Number, City or Tox	m, State, Zip Code)				
	200. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSITION	(Name	DATE 20c. LC	207 CATION — City or	Town, State		
	X		of cemetry congress			4-26-91	Balto	o. County		
	· Nala	Mar	ch		hrenera Wabash					
CERTIFICATION	23. PART I. Enfar the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OI	on each line.	mshot Pi:	- Wow	n sa cardiac or resp	ratory arrest,	Approximata interval Between Onset and Death		
CERT	resulting in deeth) LAST									
PHYSICIAN: MEDICAL	PART II. Other aignificent condition	a contributing to de	ath but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 HYES 2 \(\square\) NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATN (Ch					
PHYS	1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, 19ar) 28b. TIME OF INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED WORK?)		
LETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	building, etc	1991 Unk NJURY — At home, farm, (Specify) welling		27	Subject & 281. LOCATION (Street City or Town, State 441 Yale A	ral Route Number,			
BOMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner es stated.									
BE	29b. SIGNATURA AND TITLE OF CENTIFIE	20n			O.C.M.		29d. DATE SIGNED (Month, D 04 23 199			
5.	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE	OF DEATN (ITEM 27) (Typ				Baltimote Maryland 21201			
	31. DATE FILED (Month, Day, Yell) APR 26 1991	32. REGISTRAR'S	S SIGNATURE	III_re	m stree	L, DAILIM	re Hary	Tallu ZIZVI		



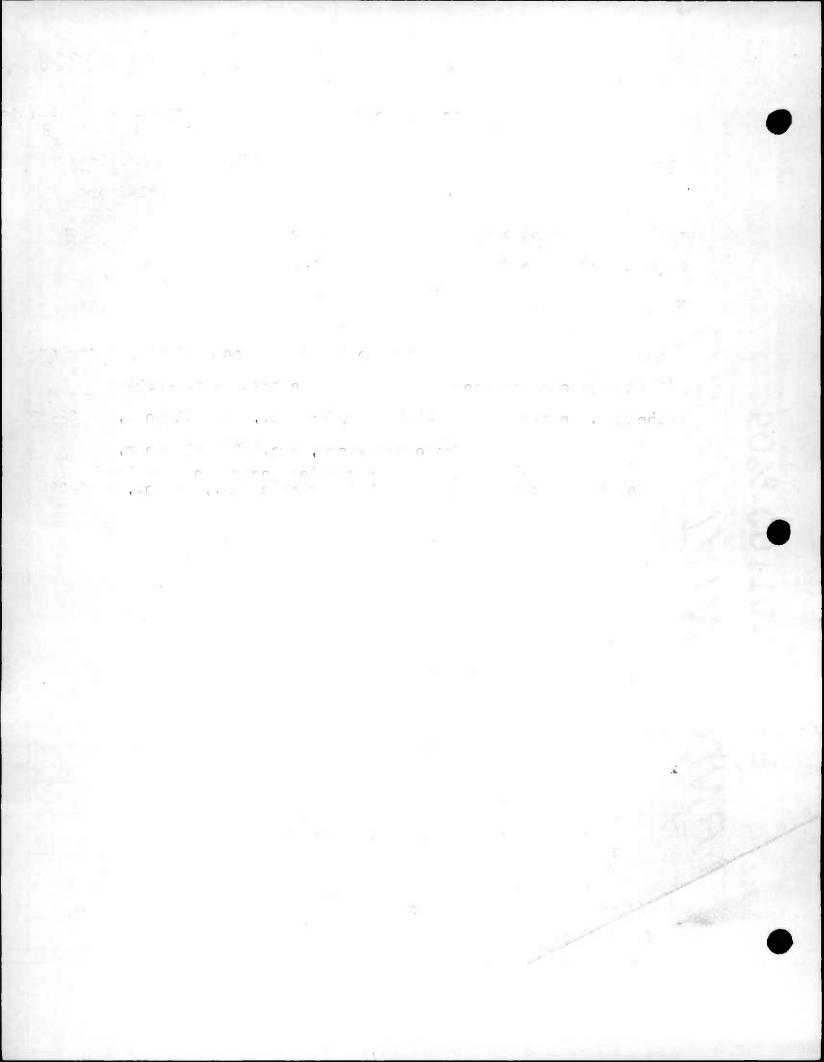
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours are the state bear. Of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 the process.

1 - STATE REGISTRAR		STATE OF N					DEATH A		ENTAL HYGI				
1. DECEDENT'S NAME (First			s Ceci					-	2. DATE OF DEATH		-91 YEAR	3. TIME OF GEATH 1, 1	
GLAID		00000						4 13 9			11:12 AM		
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Day, Year 06-05-	4 4 5 1	Coun		
			89	YRS.	a. a.							ryland	
BALTIMONE OF DE	BALTIMOTE COUTY General Hospit					96. CITY, TOWN OR LOCATION OF OBATH PANDAUSTOWN Baltin							
10e. STATE	10b. COUNTY	,		10c. CIT							10d. INSIDE CITY		
Maryland	Maryland Baltimore			Randall			llsto	wn				LIMITS?	
10e. STREET AND NUMBER						101	ZIP COOE			10g. C	ITIZEN OF	WHAT COUNTRY?	
10913 Steffeny Road					21133					1	USA	A	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEOENT EVER FORCES? 1 YE FORCES? 1 YE IF YES, GIVE WAR OR				2 NO If y			AS DECENDENT OF HISPANIC ORI yes, specify Cuban, Mexican, Puer YES 2 X NO Specify:			Blac	E — American Indian, ik, White, etc. White	
15. DEC	EDENT'S EDUC	CATION	16e. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF	BUSINESS/I		MILTOG	
(Specify on Elementary/Secondary (I	y highest grade	completed) College (1-4 or 5 +	(0	Give kind of le. Do NOT u	work done	during mo.	st of working						
8th	,			uper	vis	or/I	Baker	.У	Food	Fair	Sup	er Market	
17. FATHER'S NAME (First, M							18. MOTHE	R'S NAM	E (First, Middle, Ma		1		
William 1		is Tenn	yson				Ro	ber	ta Sar	ah H	erbe	rt	
19a. INFORMANT'S NAME (ute Number, City or			244	
Raymond (vers							, Rand				
20e. METHOD OF DISPOSIT	on 3 🗆 Reme	oval from State	other to	olece)			netery, cremat			LOCATION			
4 Donation 5 Other (Specify) Metro Crematory, Inc. 4/24 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE DEENSEE Cremation Society of Maryland													
21. SIGNATURE DATE	3 Environment	- Maria	Sel-		- C	rema	ition	SC	ciety	of M	aryl	and	
Georg	e E. N	MacNabb			2	99 I	rede	ric	k Rd.,	Bal	to.,	MD 21228	
disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
DART II Other simplificant conditions contribution to death but and the same simplificant conditions and simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death but and the same simplificant contribution to death simplif													
PART II. Other significa	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO												
Disherman Demonton Dresmanta 1 YES 2X NO COMPLETION OF CAUSE OF DEATH? 1 YES 2X NO 1 YES 2X NO													
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)													
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		e 5 🗆 Reele	dence 8	Other (Specify)				
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK?													
2 Accident Investigation 3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Route Number,				
	TIFYING PHYSI	CIAN: To the best of	my knowledge, d	seath occur	red at the	time, data	and place, a	nd due t	o the cause(a) and	manner as s	stated.		
one) 2 MEC	ICAL EXAMINE	R: On the basis of a	camination and/or	r Investigati	lon, in my	opinion, d	leath occured	d at the s	me, date and place	, and due lo	the cause	(a) and manner as stated.	
296. SIGNATURE AND THE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Day, Year) 137.810													
30. NAME AND ADDRESS		O COMPLETEO CAU				1.0					4-		
			R'S SIGNATURE			104 (couli	(her	(, /Land)	mus	unjv	410 21133	
APR 2	APR 26 1991 Julia Navidson-Randale												



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should show a classification of the contraction of the c	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE KINETAL DIFFCUL After this certificate has been signed by the attending physician and completely filled in by the fi	INPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF		MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last		THI TOATE O	DEATT	2. DATE OF DEATH MONTH, DAY	3. TIME OF DEATH					
	Elizabeth May	Bearry 5. SEX 8. AGE (in yrs. lest b)	4 4 2 4	91 // O A M 8. BIRTHPLACE (State or Foreign							
	214-20-8014A	1 M 2 WX 84	YRS. FUNDER ; YEA		(Month, Day, Year) 7/21/06	Marvland					
_	9a. FACILITY NAME (If not institution, give	The second of the second	9b. CITY, TOW	N OR LOCATION OF DE		UNTY OF DEATH					
DIRECTOR	St. Joseph's	Hospital			В	Baltimore					
REC	10e. STATE 10b. COUN	TY	10c. CITY, TOWN OR LO	CATION		10d. INSIDE CITY LIMITS?					
1	MD Ba	ltimore		10f. ZIP CODE	Love	1 TES TO NO					
FUNERAL	6816 Belclare	Road		21222	10g. Cl	USA					
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 WAY	ED 13. WAS I		C ORIGIN? (Specify Yee or No—						
ВУ	1 Never Married 27 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		ES X NO Specify		Specify:					
	15. DECEDENT'S ED (Specify only highest gra-		DENT'S USUAL OCCUP. kind of work done during		16b. KIND OF BUSINESS/II	White NOUSTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	o NOT use retired.)		CODT						
OMF	17. FATHER'S NAME (First, Middle, Last)	own tel	<u>ephone</u> o	perator 18. MOTHER'S NAM	ME (First, Middle, Maiden Surname	lephone Co.					
ш	Theodore P. L.	ahmer		Bessie							
TO B	19e. INFORMANT'S NAME (Type/Print)				oute Number, City or Town, State,						
	Donald R. Bea:	20b. PLACE AN	816 Belc		d/Balto. MD	21222 - City or Town, State					
	XXX Service 2 Cremetton 3 Removal from State 4 Donatton 6 Other (Specify) Oak Lawn Cemetery 4/217/91 Baltimore MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSED 22. NAME AND ADDRESS OF FACILITY										
	Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd/Balto. MD 2122 23. PART I. Enter the diseases, or compilections that coused the death. Do not enter the mode of dying, such as cerdice or recepiratory arrest, Approximate										
	23. PART i. Enter the diseases, or shock, or heart fallure	r complications that caused the dest s. Liet only one cause on each line.	h. Do not enter the	mode of dying, such	es cerdlec or reepiretory a	interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Onset and Death										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CATI	If any, leading to immediate cause. Enter UNDERLYING										
TIF	that initiated events										
CERTIFICATION	d										
CAL	PART II. Other algnificant condition	Part i. 24a. WAS AN AUTOPS PERFORMED?	AMAILABLE PRIOR TO								
MEDIC	Masery	- Tolleau	_	1 YES 2 AO	COMPLETION OF CAUSE OF GEATH?						
 			0			1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DESCRIPTION OF DEATH (Check only one)										
IVS	1 YES 2 NO	1 Inpatient 2 ER/Outpetient 3		fome 5 - Residence		Name of the last o					
	1 Netural 5 Pending	(Month, Day, Year)		INJURY AT WORK?	20d, DEŞCRIBE HOW INJURY OCCURED						
D BY	2 Accident Investigation 3 Suicide 6 Could not b	28a PLACE OF IN HIRV - At home	e, ferm, street, factory,	office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
ETED	4 Homicide determined					1-0					
COMPL	cont only	YSICIAN: To the best of my knowledge, desti									
	29b. SIGNATURE AND TITLE OF CERTIF	NER: On the basic of examination end/or im-	restigation, in my opinic	29c. LICENSE NUN		ATE SIGNED (Month, Day, Year)					
BE	Beatings	2 Oinen	MD.	016	492 >	4/24/91					
10	30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF OEATH (ITEM	27) (Type, Print)		1 . + 1	Slyn 3					
1	31. DATE FILED (Month Day Vend)	2. BEGISTAR'S SIGNATURE	et. Je	repl &	oggilal	Vousan My					
	APR 26 1991	Frehe Davidson-Hand	all								

ATR 26 1331 January 1861

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fransit smarked or learn and Memial Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

9 examiner must traumatic Injury, or other shows any 23 Item marked, or TO THE FUNERAL DIRECTOR: After de filed within 72 hours after de IMPORTANT: If Item 28 Is r 60

CERTIFICATION

MEDICAL

PHYSICIAN:

ВҰ

COMPLETED

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31. DA

23

FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTAL HYGIEI	
. DECEOENT'S NAME (First, Middle,	raul							2. DATE OF DEATH MONTH	2.7
Roland		Bavota						April	1
, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)		R 1 YEAR	IF UNDER		7. OATE OF BIRTH	
212-16-8934	1 💢 M 2 🗌 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	2-24-1922	
e. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					
Francis Scott	Key Hospit	al		Ba	altin	ore			Т
RESIDENCE OF DECEDEN	IT								_
0e. STATE 10b. Co	DUNTY		10c. CIT	Y, TOWN	OR LOCA	TION			
Maryland	Baltimore		D	unda	alk				
0e. STREET AND NUMBER					10	r. ZIP COD	Ε		Т
206 Parkwood	Road					2122	2		1
1. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDED FORCES? WWII STATE OF THE VEST OF THE	NT EVER IN U.S. A 1 1 YES 2 E WAR OR DATES		13.	If yes, s		ın, Maxic	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.) fy:	

College (1-4 or 5+)

shock, or heart failure. List only one cause on each line.

PART II. Other significant conditions contributing to deeth but not resulting

7. OATE OF BIRTH (Month, Day, Year) 2-24-1922 Maryland 9c. COUNTY OF DEATH OF DEATH N/A 10d, INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? United States HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, White Specify: 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY Baltimore Gas & Electric Utilityman 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Guiditta Mazzuchi 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 206 Parkwood Road Balto., Md. 21222 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE Lorraine Park Cemetery 4-27 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Baltimore, Md. 21222 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, interval Betw Onset and Death

1991

disease or condition resulting in deeth) Sequentisity list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad events resulting in death) LAST

15. OECEOENT'S EOUCATION

entery/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

IMMEDIATE CAUSE (Final

Guisieppe Bavota

Thelma F. Bavota

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

6th grade

DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CONSEQUENCE OF):

	N AUTOPSY ORMED?
1 TYES	2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINED2

1 YES 2 NO

5 Pending

8 Could not be determined

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☑ DOA OTHER

				La Constanting	
ng H	ome 5	5 D	Residence	8 Other (Specify)	
	N. AL LESS	- 47		Lead Decomine up	

28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28b. TIME OF INJURY

28d. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER		110
0. /	, -	Kala
a new	1	1000

29d. DATE SIGNED (Moeth, Day, Year)
// //

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) flydo, Print)

Dr.	- 1055	Kolomy	· ·
TE PILAPINA	26-1991	"generalisment	white joseph

91		2	3	6
	ı	Sec.	0	V

1 - STATE REGISTRAR	OINIE OI I	C			F DEATH		REG. NO.	21	1160	10	
1. OECEOENT'S NAME (First, Mic	dle, Lasi)					2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEAT	тн	
Homer	J.	Bell	16			04	23	1991	1:57	Рм	
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. la	st birtnday)	IF UNDER 1 YEA		7. OATE OF I	BIRTH ny, Year)		THPLACE (State or Fo	reign	
254-46-0888	1 M 2 D F	58	YRS.			6-9-	1932		Ga		
9a. FACILITY NAME (If not Institu	tion, give street and number)			1	N OR LOCATION OF	DEATH	9c.	COUNTY OF	DEATH		
2511 Allendal	e Road			Baltir	nore		В	altim	ore City		
10a. STATE 10	D. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
Md Md				Baltimor	e				1 YES 2	NO	
10e. STREET AND NUMBER				<u>-</u>	10f. ZIP CODE		100	. CITIZEN OF	F WHAT COUNTRY?		
2511 Allenda	le Road			1	212	16		US	A		
2511 Allendal RESIDENCE OF DECER 10a. STATE 10 Md 10c. STREET AND NUMBER 2511 Allenda 11. MARITAL STATUS 1 Never Married 2 V Mari	12. WAS DECEDEN				DECENDENT OF HISPA			lo- 14. RA	CE — American Indi	en,	
	IF YES, GIVE V	YES 2 NAR OR DATES	NO		specify Cuban, Maxic YES 2 NO Spec		n, etc.)		ack, White, atc. ecify:		
3 Widowed 4 Divorces									B1ack		
15. DECEDE (Specify only hig	NT'S EDUCATION hest grade completed)	(0	Give kind of	Work done during		18b. KJI	ND OF BUSINES	SS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	B. Do NOT u	se retired.)		Ba	1timore	City			
15. DECEDE (Specify only hig Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle)											
	, Last)				18. MOTHER'S N	Mae (First, Midd Mae Jon		ame)			
100 INFORMANTIC NAME (Topo	7-1	Ta				117					
2 190. INFORMANT'S NAME (Type) Carrie E. Be	•	19	2408		et and Number or Rura 'ne Avenue		city or Town, Sti 10re, Md		1		
204, METHOD OF DISPOSITION		005 DIAC		E OF DISPOSIT		OATE		ON — City or	Town State		
1 🖾 Burial 2 🗆 Cremation		of pemetan	SOPPOR	orest ve	t.	42991		-			
	4 Donation 5 Other (Specify) Wings Mills, Md										
XX	m.				March F/H W 4300 Waba	est					
Mala	11 ar	cn	_		4300 Waba	sti Averiu	е				
Sequentielly list condition	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
	a										
25. WAS CASE REFERRED TO MEXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH	ART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOP PERFORMED? 1 □ YES 2 (I) ACTIVE							10	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE	
25. WAS CASE REFERRED TO M	EDICAL.			20	B. PLACE OF DEATH (Check anly one)		10.7			
EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 🗆 OOA	OTHER:	Homa 5 X Rasidence	a B □ Other (S	(necify)				
27. MANNER OF DEATH	28a. OATE O	FINJURY	28b. TII	WE OF 28c	INJURY AT		IBE HOW INJUI	RY OCCURED			
. []	ding (Month,)	Day, Year)	"	JURY M 1	WORK? YES 2 NO						
	28e. PLACE	OF INJURY — At h	ome, farm,	atreet, factory,	office	28f. LOCATI	ON (Street and I fown, State)	Number or Run	al Route Number,		
4 Homicide det	rmined	, attac (opeany)				City or	own, State)				
(Gridon Grill)	ING PHYSICIAN: To the best of								se(a) and menner as	stated.	
29b. SIGNATURE AND TITLE OF	CERTIFIER	· · · · · · · · · · · · · · · · · · ·			29c. LICENSE N	UMBER	29	d. DATE SIGN	IED (Month, Day, Year)		
	meghen	/			O.C.M	Ε.		04	24 1991		
30. NAME AND ADDRESS OF PO		USE OF DEATH (IT	EM 27) (Typ		Penn Stre		timore			0.1	
31. DATE FILED (Month, Day, Yea	32. REGISTR	AR'S SIGNATURE									
APR 26 19	y June Day	idson-Rank	LEE								

illicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTACONAL FRANCIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR Age or an incidence of the action of the ac

WITAL RECORDS, P.O. BOX 68760,

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DIVIS

IN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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Style Commission The Style

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOA 13140	PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after
202	STENDING
\leq	OR
	PITA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician. Pages 1, 2, 3 should be the constitution of the state of the sta death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First,	Middle, Last)						OF DEATH			TIME OF DEATH
Tyra	C B	ungarner				MONTH	DAY 2		AR	2:30 AM
4. SOCIAL SECURITY NUMB	ER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8.1	BIRTHPLA Country)	CE (State or Foreign
238-24-48		1 X M 2 G F (A YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)								. C.
9a. FACILITY NAME (If not in:			.90		R LOCATION OF DE	ATH		9c. COUNTY	OF DEATI	н
Loch Roven		ural center		Baltim	ore					
10a. STATE	10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				100	I. INSIDE CITY
Maryland	BAL	TIMORE	Bal	41more	,				11	YES 2 NO
10e. STREET AND NUMBER			I	101	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
9213 Green	Youse (ircle			21236			US	4	
11. MARITAL STATUS		12. WAS DECEDENT EVER IN FORCES? 1 XYES			ENDENT OF HISPAN					American Indian, hite, atc.
1 Never Merried 2 3		IF YES, GIVE WAR OR D.	ATES		2 NO Specify		mosn, stc.)		Specify:	
	EDENT'S EDUCA		16e. DECEDENT'S US	HAL OCCUPATIO	M.	186	. KIND OF BUSI	MESS/IMPLIST	DV	WHITE
(Specify only	highest grade co	ompleted)	(Give kind of work	k done during mo etired.)	st of working	100	. KIND OF BUSI	NESS/INDUS	HY	
Elementary/Secondary (0		College (1-4 or 5 +)	SELF-E	MPLOYE)		CONVENI	ENCE S	STORI	E
17. FATHER'S NAME (First, M.	iddle, Last)	,			16. MOTHER'S NA	ME (First, I	Middle, Majden S	umama)		
LEE BUMG	ARNER				RU'.	TH GE	KIRRLE			
19e. INFORMANT'S NAME (7	iype/Print)				nd Number or Rural					21.006
EDNA I. BU	MGARNEI	R (WIFE)	9213	GREENHO	OUSE CIR	CLE,	BALTIM	ORE, I	MD.	21236
20a. METHOD OF DISPOSITI		20t	other place)	ON (Nama of cer	netery, crematory or			ATION — City		
4 Donellon 5 Other	(Specify)	G/	RRISON FO	REST V	ET. CEME	TERY	OWI	NGS M	ILLS	, MD.
21. SIGNATURE OF FUNESIA	SERVICE LICE	NBEE		22. NAME AI	ID ADDRESS OF FA	CILITY	ERAT. HO	ME TN	С.	
New	n)	14.5		9	705 Bela	ir Ro	d., Bal	timor	e, M	d. 21236
23. PART I. Enter the di				anter tha mo	da of dying, auc	h aa car	diac or reapin	atory arrest	,	Approximata
IMMEDIATE CAUSE (Fir		ist pnly ona causa on a	acn IIna.							Intarval Between Onset and Death
disease or condition resulting in death)		Colon C	ancer - r	nutasto	lic					[
readiting in death)	· а.	DUE TO (OR AS	CONSEQUENCE OF):		1 ()			-		
Convention list condit	b.									
Sequantially list condit if any, leading to imme	diata	DUE TO (OR AS A	CONSEQUENCE OF):							
cause. Enter UNDERLY CAUSE (Disease or inju		DUE TO (OR AS	CONSEQUENCE OF):							
that initiated events resulting in death) LAS	т	DOE TO (ON AS A	CONSECUENCE OF J.							İ
	d.									
PART II. Other significa	nt conditiona	contributing to death b	out not resulting in	tha underlyin	g causa givan in	Part i.	24e. WAS AN A	UTOPSY MED?		RE AUTOPSY FINDINGS
			<u> </u>				1 YES 2		CO	MPLETION OF CAUSE DEATH?
									1 [YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	_	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only o	ne)			
1 TYES 2 MNO		1 Inpetient 2 ER/Out			e 5 🗆 Residence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	Pending	(Month, Day, Year)	28b. TIME (RY WO	PURY AT	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED	
2 Accident	Investigation				YES 2 NO					
	Could not be determined	28e. PLACE OF INJURY building, etc. (Spe		ee1, factory, offic			or Town, State)	nd Number or	Runii Routi	e Number,
			<u></u>							
anal anny		IAN: To the best of my know								and the second
2 MED	ICAL EXAMINER	On the beele of axamination	n end/or investigation,	In my opinion, o	leath occured at the	time, date	and place, and	due to the c	ause(e) an	nd manner ea stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	nac			29c. LICENSE NU	MBER		29d. DATE S	GNED (M	onth, Day, Year)
Nance &	NEANT	- IND			1) 598	1+	i	77/	7/9	1 &
30. NAME AND ADDRESS O	Loch	COMPLETED CAUSE OF DE	ATH (ITEM, 27) (Type, P	Hare 1	10					
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S SIGN	ATURE	John	1768		_		· · ·	
ADD DC to			3							

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Dag		t be
director,		er mus
CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dets		xamine
the	Mal	-
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31. DATE FILED (Month, Day, Year)

APR 26 1991

								-/ 1	11600
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND C	DEPARTME				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES	A BA	KER)		2. DATE OF DE MONTH	23 9	YEAR 11	245 AM
	218-03-4197	8. AGE (In yrs. In 72	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 6 /18	Mear) B/18	Country) Mary	vland
TOR.	9a. FACILITY NAME (If not institution, give street a	Haspit	AL St.	TO VA	S6/	ATH		LT,	MORE
DIREC	10a. STATE 10b. COUNTY Maryland Bal	to		wn on Locatio	N			100	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL DIRECTOR	10s. STREET AND NUMBER 3707 Dance				ZIP CODE	. 7			T COUNTRY?
B√	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	RMED NO	It yes, spec	NDENT OF HISPAN lify Cuban, Maxican NO Specify	IIC ORIGIN? (Spe n, Puarto Rican,		14. RACE — Black, W Specify:	American Indian, /hite, etc.
COMPLETED		pleted) (ECEDENT'S USUA Give kind of work of te. Do NOT use retir	lone during most ed.)		16b. KIND	OF BUSINESS/INDI	USTRY	White
MP	12 17. FATHER'S NAME (First, Middle, Last)		Teach		18. MOTHER'S NAI	ME (Class March	Schools		
	James McCarth	**			He1		'Brien		
BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADD	RESS (Street and			or Town, State, Zip	Code)	
2	Jack L. Baker			Sar	ne as 10)e			
	20e. METHOD OF DISPOSITION 1 XBurial 2 Cramation 3 Removal	from State 20b. PLACI	E OF DISPOSITION	N (Name of ceme	etery, crematory or		20c. LOCATION —	City or Town,	, Stata
	4 Donation & Other (Specify)	Par	kwood C		4/26/		Bal	to. Mo	d.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	adu sh.		Rucl	ADDRESS OF FA	Funera	1 Home,	Inc.	d. 21204
	23. PART i. Enter the diseeas, or com ahock, or haert fellure. List IMMEDIATE CAUSE (Final	officetions that coused the confly one cause on each ile	na.		a of dying, auci	h aa cardiac o	r reepiretory arm	est,	Approximate interval Between Onset and Death
	disease or condition a	Brai	m de	ath					5 min
CERTIFICATION	Sequantially list conditions, if any, laeding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO JOR AS A CONS	le	mone	any &	fræst		1	5 min
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to death but not we heart	resulting in the	galiderlying Well	cause given in	1570m W. Lincon	WAS AN AUTOPSY PERFORMED? YES 2 MO	Al Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
YSICIA	26. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		HER:	S C Residence		offy)	•	
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1997)	28b, TIME OF INJURY	22700	ES 2 NO	12 71 11 12 12 12 12 12	E HOW INJURY OCC	>	
	3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY — At building, etc. (Specify)	home, facfil, street	, tactory, offica		26f. LOCATION City or Tow	(Street and Number n, State)	or Rural Rou	te Number,
SOMPLET	one)	N: To the best of my knowledge,							nd manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTURIER		cian		29c. LICENSE NUI	MBER 559	29d. DATI	E SIGNED (M	fonth, Day, Year)

DHMH-16 Rev 1/89

Towson

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

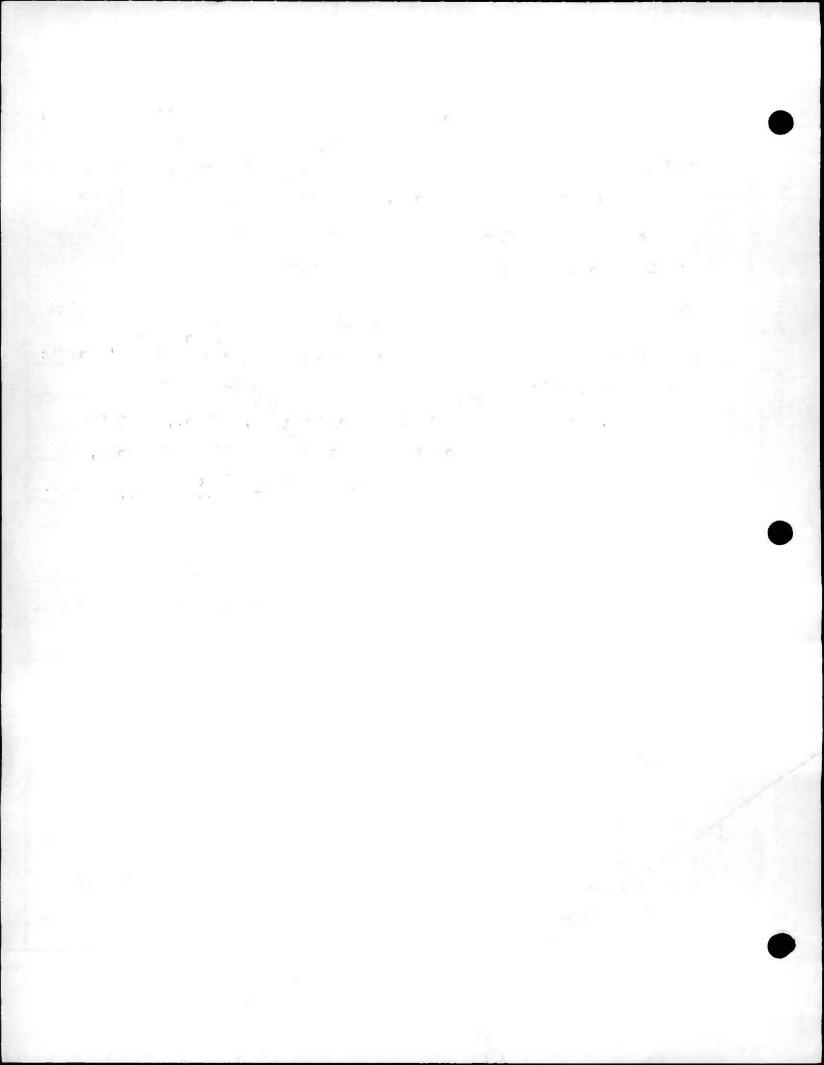
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH. DAY	VEAD	3. TIME OF DEATH
MARGARET	Ο.	BROW	V		MONTH DAY	2 YEAR	12:07 AM
4. SOCIAL SECURITY NUMBER 213-36-6763	5. SEX 6. AG	E (In yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/26/1938	Coun	THPLACE (State or Foreign ntry)
Se. FACILITY NAME (If not institution, give at		72	9b. CITY. TOWN C	R LOCATION OF DI		COUNTY OF	
UNION MEMORIAL H				RE CITY			
10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?
MARYLAND 100, STREET AND NUMBER				DRE CIT			1 DKYES 2 NO
945 STOLL STRI			101	2122		US	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NC ORIGIN? (Specify Yes or No in, Puerto Ricen, etc.) y:	D— 14. RAC Blac Spe	CE — American Indien, ick, White, etc. Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of w life. Do NOT use	rork done during mo	ON st of working	16b. KIND OF BUSINES	S/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden Surna	ime)	
JAMES 19s. INFORMANT'S NAME (Type/Print)	QUEEN	19b. MAIL INC	ADDRESS (Street 4		CULLIE PALM Route Number, City or Town, Sta		UEEN
LOUISE McCLAM				SHINGTO			MD 21205
20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remide ☐ Donetion 5 ☐ Other (Specify)	oval from State	20b. PLACE AND DATE of cemetary, crematory BALTIMO	of disposition or other place)	(Name	DATE 20c. LOCATION	ON — City or T	Town, State LE, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ensee hu	witt	LERO	Y O. DY			RAL HOME UE 21207
23. PART 1: Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	sed the death. Do no beach line.	not anter the mo				Approximate Interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Chile	S A CONSEQUENCE OF	MA TO	r tai	ILERQ		Type
PART II. Other significant conditions Chron chro	s contributing to death	but not resulting i	n the underlyin	g cause given in	Part I. 244. WAS AN AUTO PERSONNED		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:		26. P	ACE OF DEATH (C)	neck only one)		
1 TYES 2 NO	1 k Inpatient 2 ER/O	outpetient 3 DOA		ne 5 🗌 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJUR (Month, Day, Yea		URY	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW INJUR	Y OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, a specify)	street, factory, offic	•	281. LOCATION (Street end N City or Yown, State)	lumber or Rura	nl Route Number,
anal					e to the ceuse(e) end menner of time, date end place, end du		e(e) end manner as stated.
99. SIGNATURE AND TITLE OF CERTIFIE	Suans	wo		29c, LICENSE NU	MBER 290	I. DATE SIGNE	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	memi	DP-04 40	SPI	tc
APR 26 1991	3. BEGISTBAR'S SI	IGNATURE ACADEM				•	

JE VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	NSICIAN: The law requires that the death certificate be executed within 🗠 Jours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
.O. BOX 1	h certificate be exc	ending physician ar	Hygiene prior to	or other trauma
RECORDS, P	requires that the deat	been signed by the atte	. of Health and Mental	shows any injury.
F VITAL	rSICIAN: The law	s certificate has	th the State Depi	d. or item 23
IVISION O	HI SNIGHTLE	Come After this	r artis death wi	Challe marke
20	HOSPITAL DE	FUNERAL DISK	Withing / Bridge	TANTA IN Them.
	THE THE	TO THE	be filed	REPOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC		HEALTH AN	D MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Ruth Mar		OAIL OI	BEATT	2. DAT	TE OF DEATH		-91 3. YEAR	TIME OF DEATH 7:15p
	Ruth	m.	(6	De	T-V	MO	4 2	Ž.	91	715PM
1	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		S. 7. DAT	rE OF BIRTH onth, Day, Year)		Country)	ACE (State or Foreign
	216-14-4887	1 M 2 K F	88 YRS.				2-08-1			sylvania
CC	9a. FACILITY NAME (If not institution, give		OR LOCATION O							
DIRECTOR	Washington Co	unty Genera	al Hospi	erstow	n] W	asnıı	ngton	
H.	10a. STATE 10b. COUN		10c. CITY,	TOWN OR LOC					10	d. INSIDE CITY LIMITS?
	Maryland	Baltimore			.ltimor	е		1		YES 2 X NO
FUNERAL	10e. STREET AND NUMBER				Of, ZIP CODE			'		AT COUNTRY?
N.	2911 Vermont		N II S ARMED	13 WMS 0	2122	+	GIN? (Specify Ye		USA 14. RACE -	American Indian.
BY FU									Black, V Specify:	American Indian, white, atc. White
6	15. DECEDENT'S ED (Specify only highest grad	UCATION (e. completed)	16a. DECEDENT'S U	ork done during :	TION		16b. KIND OF BU			
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	ratired.)			Ft. Ho			0.00:
MP	12th		Offi	ce Ma		_			neer'	s Office
	17. FATHER'S NAME (First, Middle, Last) James Henry R	eichard				April 11	i, Middle, Maiden			
BE	19e, INFORMANT'S NAME (Type/Print)	elchard	19b. MAILING	ADDRESS (Stree	t end Number or R	_			o Code)	
2	George T. Coe				nt Ave					.227
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re	20	b. PLACE OF DISPOSI						City or Town	
	4 Donation 6 Other (Specify)		Loudon P			-	/2\$	Bal	timor	e. MD
	21. SIGNATURE OF EUNERAL SERVICE L				No bb		ol Uor	~~		
	Sery	E. Men	Myle	301	Nabb F Frede	rick	Rd.	ne Bal	to	MD 21228
	23. PART I. Enter the diseases, or ahock, or heart failure	complications that cause b. List only one cause on								Approximate interval Between Onset and Desth
	IMMEDIATE CAUSE (Finsi disease or condition	Ros	n. Mito	r. 4	-/					lack see
	resulting in death)	S. DUE TO (OR AS	A CONSEQUENCE OF): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	acicale		/		,	new
z	ture established to the second	SEVI	000 (6)	usps	tive	108	17	Sack	00	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	1: /		0			1-0	frage
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c OHE TO (OR AS	A CONSEQUENCE OF	POTI	c 14	da	ola.	SCh	KNO	reise
Ė	that initiated events resulting in death) LAST	DOE TO (ON AS	A CONSEQUENCE OF	7-						į
CE		d								
CAL	PART II. Other significant condition	one contributing to death	but not resulting in	n tha undarly	ing cause give	n in Part I.	. 24a. WAS AI PERFO	N AUTOPSY		VERE AUTOPSY FINDINGS
EDIC	Chance	OLS NACICE	e 14	x a	(SCEL)	<u>e</u>	1 TYES	2 ANO		OMPLETION OF CAUSE OF DEATH?
. ≥	Plemature V	entrata ce	nyecko	Ks					۱ ۱	YES 2 NO
AN	OSTED CONTWIT	7.5		26	PLACE OF DEAT	d (Check only	ly one)			
Ö	EXAMINER?	HOSPITAL:	toollant 2 DOA	OTHER:	ome 5 Reside					
PHYSICIAN	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIMI	E OF 28c.	INJURY AT		DESCRIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ		WORK? TYES 2 No	,				-
ED BY	2 Accident Investigation 3 Suicide 6 Could not b	26e, PLACE OF INJUR	IY — At home, farm, a	street, factory, o	ffice		LOCATION (Street City or Town, State		er or Rural Ro	ute Number,
1	4 Homicide determined									
Pret	Check only — — — —	YSICIAN: To the best of my kno	wledge, death occurre	ed at the time, o	late and place, en	due to the	ceuse(e) end m	anner as st	sted.	
COM	one) 2 MEDICAL EXAMI	NER: On the basis of examinat	ion end/or investigatio	n, in my opinio	n, death occured	t the time,	date and place,	end due to	the ceuse(s)	end manner as stated.
ЕШ	295. SIGHATURE AND TITLE OF CHERTIF	The same of the sa			29c. LICENS	NUMBER	200	29d. DA	TE SIGNED	Month, Day, Year)
10	MINIT	111)			102	05	06		4/20	-171
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF E	DEATH (ITEM 27) (Type,	Print) // //	201	40	a No	V = 16	n	12/20
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE	DII	NE /	199	75/			7-70
	APR 26 1991	Lika Davidson-	The second second							ļ
1	400 44 10	0								DHMH-16 Rev 1/89



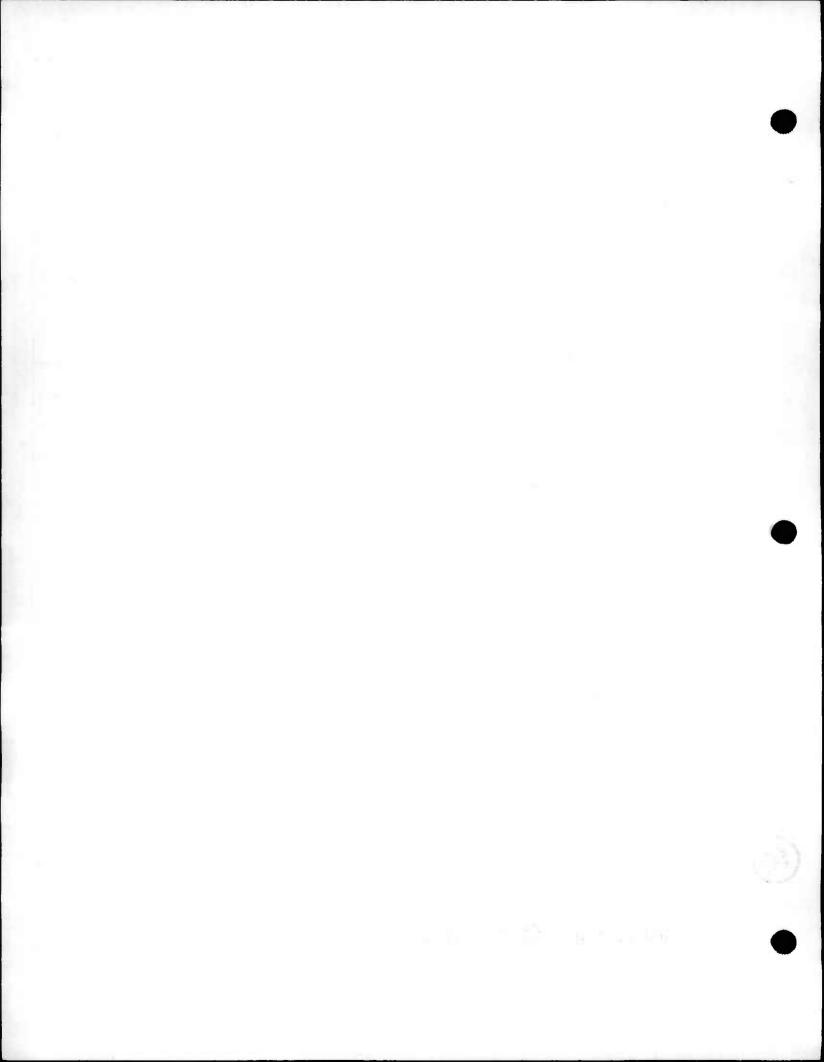
FOR STATE REGISTRAR

1 -

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

5

	1. DECEDENT'S NAME (Firs	t, Middle, Last)					-				OF DEATH	,		. TIME OF DEATH
	Peter M.	Came	ron							MONT 4	24/91	τ	YEAR	4:10p.m
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign
	216-01-983		1 M 2 D F	79	YRS,					1/2	25/12		Mary	yland
OT.	9s. FACILITY NAME (If not							OR LOCATI		HTA		9c. COUN	TY OF DEA	тн
DIRECTOR	St. Agne	S HOS	pital			Ва.	Lti	more						
350	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN C	OR LOCA	ATION					10	0d. INSIDE CITY LIMITS?
	MD	Balt	imore										1	YES 2XXNO
3AL	100. STREET AND NUMBER		0					or, ZIP COD				10g. CITIZ		AT COUNTRY?
FUNERAL	1 Summit	Hill					_	2122					USA	
5	11. MARITAL STATUS 1 Never Married 2	l Married	12. WAS DECEDED FORCES?	NT EVER IN U.S. AR 1 YES Y WI WAR OR DATES	MED NO		It yes, s	pecify Cubi	ın, Maxicai		1? (Specify Yea Rican, atc.)	or No-	14. RACE Black, V	- American Indian, White, atc.
B	1 Never Married 2 3 Wildowed 4 Div	X	IF YES, GIVE	WAR OR DATES			1 🗌 YE	s 2X XNO	Specify	y :			Specify: Whi	te
ETED		CEDENT'S EDU			CEDENT'S					161	. KIND OF BUS	INESS/IND		
ш	Elementary/Secondary	ly highest grade (0-12)	College (1-4 or 5	Ma	Do NOT us	se retired.)	aunng m	ost of worki	ng					
MPI		unkno	wn	st	uper	inte	end	ant		П	nachir	ne sł	nop	
COMPL	17. FATHER'S NAME (First,										Middle, Malden	Sumame)		
BE	Peter Ca										Bean			
2	19a. INFORMANT'S NAME			19				4			ber, City or Town		-	04000
-	Minerva 200. METHOD OF DISPOSI		on	201 01 15						rt/I				21228
	20a, METHOD OF DISPOSI MCMBurlal 2 ☐ Cremati 4 ☐ Donation 5 ☐ Other	on 3 - Rem	noval from Stata	20b. PLACE other pl	ncel			-	-	1.1	,	CATION — C	-	re, MD
	21. SIGNATURE OF FUNER		CENSEE	_ Dru:	ru K			AND ADDRE			1/71	Dall	- TIIIO]	Le, MD
	· Och	.00	AT	7. X		St	ter	ling	Asl	htor				e, Inc.
gent.	Roun	up.	X/bac	15 N										21228
	23. PART i. Enter the ahock, or		complications the List only one ca			not enter	tha m	ode of dy	ing, suc	h aa car	diac or respi	ratory srre	est,	Approximata interval Batween
- 8	iMMEDIATE CAUSE (Fi	inai	_											Onsat and Deat
	reaulting in death)	\rightarrow	0	ratory f										days
_		_	Pneun		OUENCE U	r):								
CATION	Sequentially list cond		O1	O (OR AS A CONSE	OUENCE O	F):								weeks
CAT	cause. Enter UNDERL	ring	c											
RTIFI	CAUSE (Disease or In that initiated events		OUE TO	O (OR AS A CONSE	OUENCE O	F):								
CERI	reaulting in death) LA	ST	d											-
	PART il. Other signific	ant condition	na contributing to	o death but not i	reauiting	in the ur	ndarlyi	ng cause	given in	Part i.	24a, WAS AN	AUTOPSY	24b. W	VERE AUTOPSY FINDINGS
MEDICAL	Pulmona:		_								PERFOR		A	WAILABLE PRIOR TO COMPLETION OF CAUSE
0			enocarcin	noma							1 YES 2	□ NO		F DEATH?
														X 123 1 1 10
CIAN:	25. WAS CASE REFERRED	TO MEDICAL						PLACE OF E	DEATH (Ch	eck only o	ne)			
S	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE		ma 5 🗆 R	ealdence	8 🗆 Oth	er (Specify)			
PHY	27. MANNER OF DEATH		26s. DATE O (Month,	F INJURY Day, Year)	28b. TIM	_	26c. IN	JURY AT			SCRIBE HOW I	NJURY OCC	URED	
BY	1 X Netural 5 2 Accident	Pending investigation	(month)	-4/		М		YES 2 [NO					
0	3 Suicida 6	Could not be	28s. PLACE building	OF INJURY — At he g, atc. (Specify)	oma, term,	street, lac	tory, off	lca			ATION (Street or Town, State)	and Number	or Rural Rou	ute Number,
ETE	4 Homicide	determined												
F.		TIFYING PHYS	SICIAN: To the beat of	of my knowledge, da	ath occurr	red at the t	time, de	te and place	, and dua	to the ca	use(a) and mar	ner aa atate	d.	
COMPL	one) 2 ME	DICAL EXAMINI	ER: On the beals of	exemination and/or	Investigation	on, in my o	opinion,	death occu	red at the	time, dat	and place, an	d dua to the	e cause(a) a	and manner as stated.
BEC	29b. SIGNATURE AND TITE	E OF CERTIFIE	R					29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED (A	Wonth, Day, Year)
10 8		de	~					D3	0802	2		4	/25/9	1
F	30. NAME AND ADDRESS	OF PERSON WI	HO COMPLETED CA	USE OF DEATH (ITE	М 27) (Турв	, Print)								
		Vandrea	a, M.D. S	St. Agnes	s Hos	spita	1,	900 (Cator	Ave	e., Bal	to.,	Md.	21229
	APR 26		2. REGISTE	AR'S SIGNATURE	1.00									
	THE PER	1221	A THE KE	LICOSOT - North	سولان									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2's nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

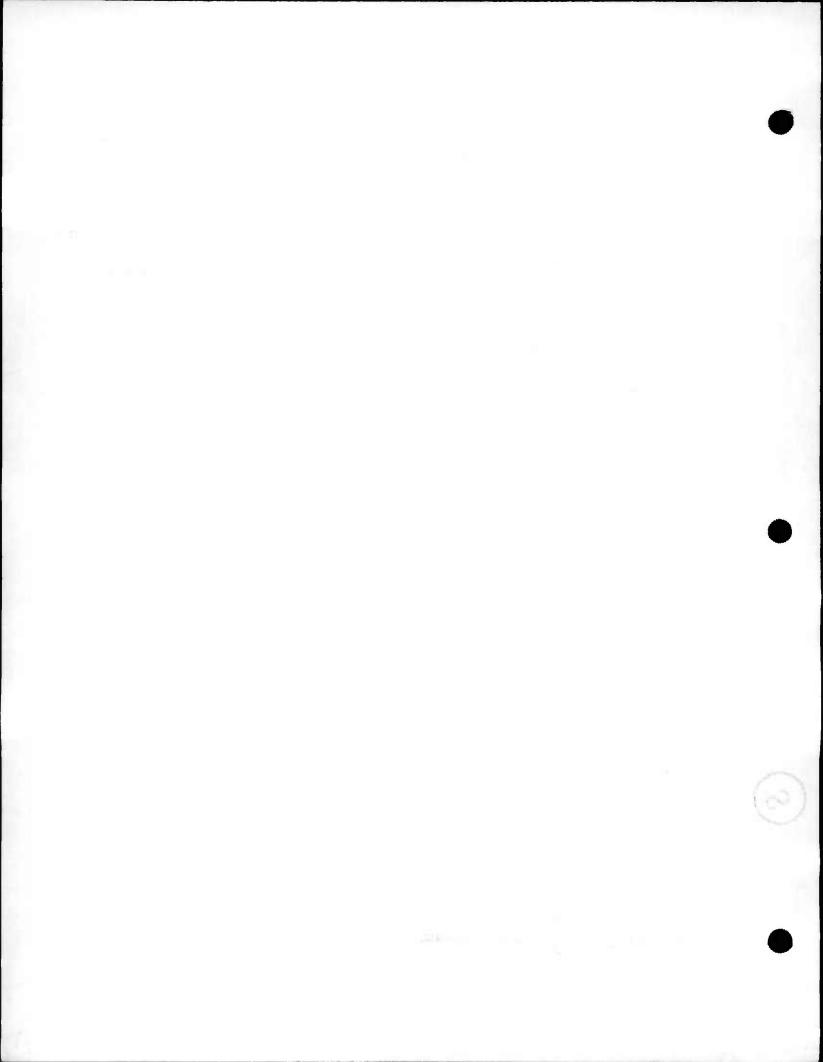
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Le	E Cock	NNA E. C	ORK		A PATE OF DEATH		YEAR 3. TIME OF DEATH			
	0.11 01-01	9 □ M 2 XF	yrs, jast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1909	BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	PACILITY NAME (If not institution, gir	re street and number)		TOW.	SOW	9c. COUNT	9c. COUNTY OF DEATH BALTIMAL				
FUNERAL DIRECTOR	MD. Ba	altimore		1 timore	on Maryla	nd		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 √√√NO			
RAL	10e. STREET AND NUMBER 4252 Necker Av		1 20	10f	ZIP CODE	<u> </u>	10g. CITIZE	EN OF WHAT COUNTRY?			
BY FUNE	1t. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2-TNO		cify Cuban, Mexican	IIC ORIGIN? (Specify n, Puarto Rican, atc.)	Yan or No 1	U.S.A. 4. RACE — American Indian, Black, Whita, atc. Specify:			
COMPLETED	15. DECEDENT'S E (Specify only highest gr	rade completed)	16a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during mo	N st of working	16b. KIND OF	BUSINESS/INDU	White stry			
MPLE	Elementery/Secondary (0-12) n/a	College (1-4 or 5+) N/A	Homemak				Home				
	17. FATHER'S NAME (First, Middle, Last) Charles H. Whi					ME (First, Middle, Maid	,				
O BE	19a. INFORMANT'S NAME (Type/Print)	<u>.Le</u>	19b. MAILING	ADDRESS (Street a		e Sealove Route Number, City or		code)			
2	Marlene V. Meek		14 Ran	ger Ct.	Baltimo	re. Md					
	20a. METHOD OF DISPOSITION 1 String 2 Cremation 3 Report August 1 String 1	amoval from State	other place)			20c.		ty or Town, Stata			
2	21. BIGNATURE OF FUNERAL SERVICE	LICENSEE	New Cath	22. NAME AN	ID ADDRESS OF FAC		Balti				
	* youated /	u Etel	1.			neral Hon d. Balt.					
	23. PART I: Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)	or compilications thet caused re. List only one cause on each of the cause on each of the caused on the cause on the cause on the caused on th	Conges			FAIL C		st, Approximata Interval Between Onset end Daeth			
CERTIFICATION	Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent condi	tions contributing to death b	ut not resulting in	the underlying	ceuse given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL						PERI	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN:	25. WAS CASE REFERRED TO MEDICAL	L		26. PI	ACE OF DEATH (Ch	eck only one)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 - Inpatient 2 - ER/Outp	etlent 3 🗆 90A	OTHER:	e 5 🗆 Rasidanca	6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		FOL. TIME	M 1	RK? /ES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCU	RED			
	3 Suicide 6 Could not 4 Homicide determined	be 28a. PLACE OF INJURY building, atc. (Spec	Olly) At rooms, term, s	treet, factory, offic		28f. LOCATION (Str. City or Town, St	et and Number o	r Rural Route Number,			
COMPLETED	10	HYSICIAN: To the best of my know MINER: On the basis of axamination									
8	29b. SIGNATURE AND TITLE OF CERT	FIER			29c. CICENSE HUM	in the	29d. DATE	SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)			-				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								
	APK 26 1991	1 - Lawidson-Ran									

YSICIAN: The law requires that the death certificate be executed within 24 TO THE HOSPITAL ON THE TO THE FUNE TO THE FUNERAL DIRECTOR DE filed within 72 hours after deat IMPORTANT: If Item 28 is m

HE FUNERAL DIRECTORMENT IN STATE AND STATE AND STATE AND STATE AND STATE AND STATE AND AND AND AND AND AND AND AND AND AND	TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
61 >	cal examiner must be notified at once.	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should noval.	TO THE FUNERAL DIRECTOR and so confricate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or rent

1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM			MENTAL HYGIENI REG. NO.		116.70
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	VEAR	3. TIME OF DEATN
Philip Geo	rge	CANAAN			April 22	1991	3:47 рм
4. SOCIAL SECURITY NUMBER		, , , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, You)		NPLACE (State or Foreign ntry)
160-14-1200		O YAS.		1000	JULY 22 1		KENTUCKY
9a. FACILITY NAME (if not institution, give at		9		R LOCATION OF DE	ATN	9c. COUNTY OF	timore
FRANKLIN SQUAR	E HOSPITAL		Balt	imore		DαI	tillore
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
Md. Bal	timore	В	altimor	e			1 TYES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
3038 California	Avenue			21234		U.S	
11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES				IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. RAI Bla	CE — American Indian, ick, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify		Spe	WHITE
15. DECEDENT'S EDUC		16a. DECEDENT'S US	BUAL OCCUPATION	N	166. KIND OF BUS	INESS/INDUSTRY	WILLIAM
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	rk done during mod retired.)	t of working			
N/A	N/A	BODY &	FENDER	REPAIR	AUT	COMOTIVE	DEALER
17. FATNER'S NAME (First, Middle, Last)		•		16. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	
GEORGE CANAA	N_			A1	MELTA		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		m. 21234
SABRINA L. CANAA		3038			ENUE, BALT		
20a. METNOD OF DISPOSITION 1 Description 2 Cremation 3 Removed	oval Irom State	other place)				CATION — City of CIMORE M	
4 Donation 5 Other (Specify)	CHOCC	GARDEN		TH CEM	OT DITE.	I I I I I I I I I I I I I I I I I I I	
at sound one of remember sentine co	Da. n	•	SCH	MINEK F	INERAL HOM	E INC.	
Harney	110 M	Un	9705	Belair 1	Rd., Balti	more, Md	1. 21236
23. PART i. Enter the diseases/or cahock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	aach Ilna.		da of dying, auc	h aa cardiac or reapi	ratory arrest,	Approximata Interval Between Onset and Death
resulting in death)	a. Carcinoma DUE TO (OR AS	A CONSEQUENCE OF):	<u>ung</u>	<u> </u>			
	h						
Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
cause. Entar UNDERLYING CAUSE (Disease or injury	c						
that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
	d						1
PART II. Other algnificant condition	s contributing to death	but not reaulting in	tha undariying	causa given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
·					1 X YES 2		COMPLETION OF CAUSE OF DEATH?
							1 - YES 2 - NO
	- -						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. PL	ACE OF DEATH (C)	eck only one)		
1 TYES 2XXNO	1 X Inpatient 2 - ER/O	ipetient 3 🗆 DOA 4	I ☐ Nursing Nom		6 Other (Specify)		
27. MANNER OF DEATN 1 1 - Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year	26b. TIME INJUI	RY WC	RK?	26d. DEŞCRIBE NOW I	NJURY OCCURED	
2 Accident Investigation	260 BLACE OF IN HIS	RY — At home, farm, str		res 2 NO	DOLL LOCATION (Communication)	and Mumber on Char	of Bouts Mumber
3 Suicide 6 Could not be 4 Nomicide determined	building, atc. (Sc	ecify)	eet, ractory, offic		261, LOCATION (Street a City or Town, State)	and Number or Hun	in House Number,
29a, CERTIFIER							
(Check only	ICIAN: To the beat of my known.						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE				Dal±4	- MD 010	27	,
Marc Honig 9	9000 Frankli 32. REGISTRAR'S SIG	II SQUAPE L	prive	od I TIMOr	e, MD 212	3/	
APR 26 1991	, we Davidson	Pandelle					



-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 6 may be retained by the attending physician and completely filled in by the lawers directly page 5 should be directly be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

BALTIMORE, MARYLAND

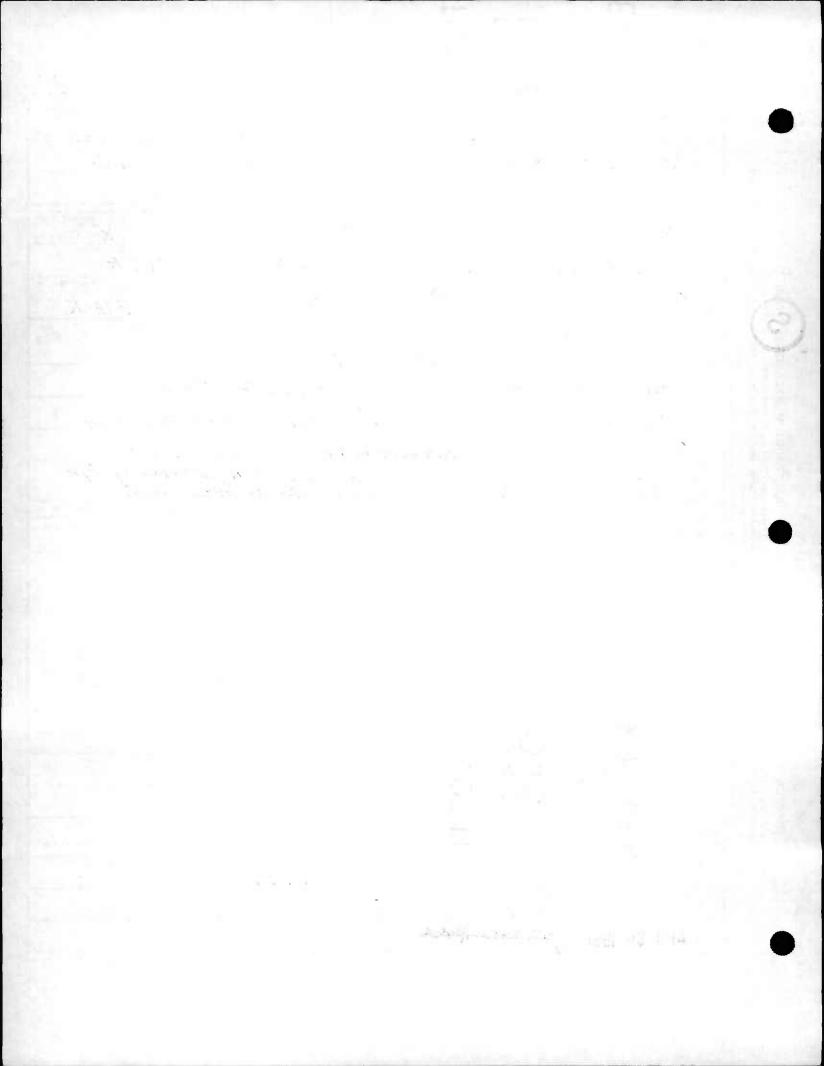
TO BE COMPLETED BY FUNERAL DIRECTOR

91-2246-510 ITEMS:23,27 per ME G-675 5/31/91 cm

9	1	Section 10 and	2	1	1

- STATE REGISTRAR	SIAIE UF MIANTE	CERTIF		F DEATH	MENIAL HTGIEF		J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
TIMOTHY	н.			COE	04 24		991 11·30 a
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State of Foreign
220-92-4535	1 M 2 - F 6	22 YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year)	68	Country), J.
9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOW	N OR LOCATION OF DI			Y OF DEATH
5107 GOODNOW ROA	D #F		RATT	IMORE		RATE	TIMORE
RESIDENCE OF DECEDENT	D 1/T			estimation —		I DAL	LIMORE
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
Md.			134/1	0.		_	1 YES 2 NO
5107 Goddno	ow Rd.			21206			S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		DECENDENT OF HISPAI specify Cuben, Mexico	NIC ORIGIN? (Specify Ye	e or No- 1	4. RACE — American Indian, Black, White, etc.
	IF YES, GIVE WAR OR D			ES 2 NO Specif			Black
15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	18b. KIND OF BU	USINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma_Do NOT us	se retired.				
		134.	5 130	N N			
7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
Alphonso	Coc			ANNE	Ite M	ACK	
De. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et end Number or Rural	Route Number, City or To	wn, State, Zip C	iode)
HIDHONSO (00	5043	- WE	st Hills.	Rd. BAlt	a. Ml.	21229
. METHOD OF DISPOSITION	20	b. PLACE AND DAT	E OF DISPOSIT	ON (Name	DATE 20c. L	OCATION - CI	ty or Town, Slate
■ Buriel 2 □ Cremation 3 □ Remo □ Donation 5 □ Other (Specify)	val from Stata of	Cemetary, crematory	or other place)	PK	4-29-91	BA	10
I. SIGNATURE OF FUNERAL SERVICE LICE		, ,,,,		M.C. BR		MMIL	11ty 5/4
· Wm C. 33,	n		W	M.C. BR	OWN	177 July	All him
· W L- 05)	www		120	6 W. NOR	eth Hue	- 212	417
disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate		A CONSEQUENCE O					
cause. Enter UNDERLYING CAUSE (Disease or injury							
that Initieted events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE O	IF):				
esulting in deetin) LAST					All the street of the street o		
PART II. Other algolificent conditions	contributing to deeth t	out not reaulting	in the underl	ying cause given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C	heck only one)		
1 X YES 2 NO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA		Home 5X Residence	8 Other (Specify)		
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	IRED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, ocity)	street, factory, o	office	281. LOCATION (Stree City or Town, Stat		r Rural Route Number,
one)	SAN: To the best of my know						d. cause(e) end manner es stated
06. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d DATE	SIGNED (Month, Day, Year)
100 1121	1 14 14						
IO. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	FATH (ITEM 27) (5-	Delet)	O.C.M.	E .	1 04	4/25/1991
DOWNO G. WRIGH	T MD DOM	F 111 1	PENN ST	REET BAL	TIMORE, MA	ARYLANI	21201
APR 26 1991	32. REGISTRAR'S STOP	ATURE					

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

riter death. Page 6 may be retained by the hospital or artending physician.

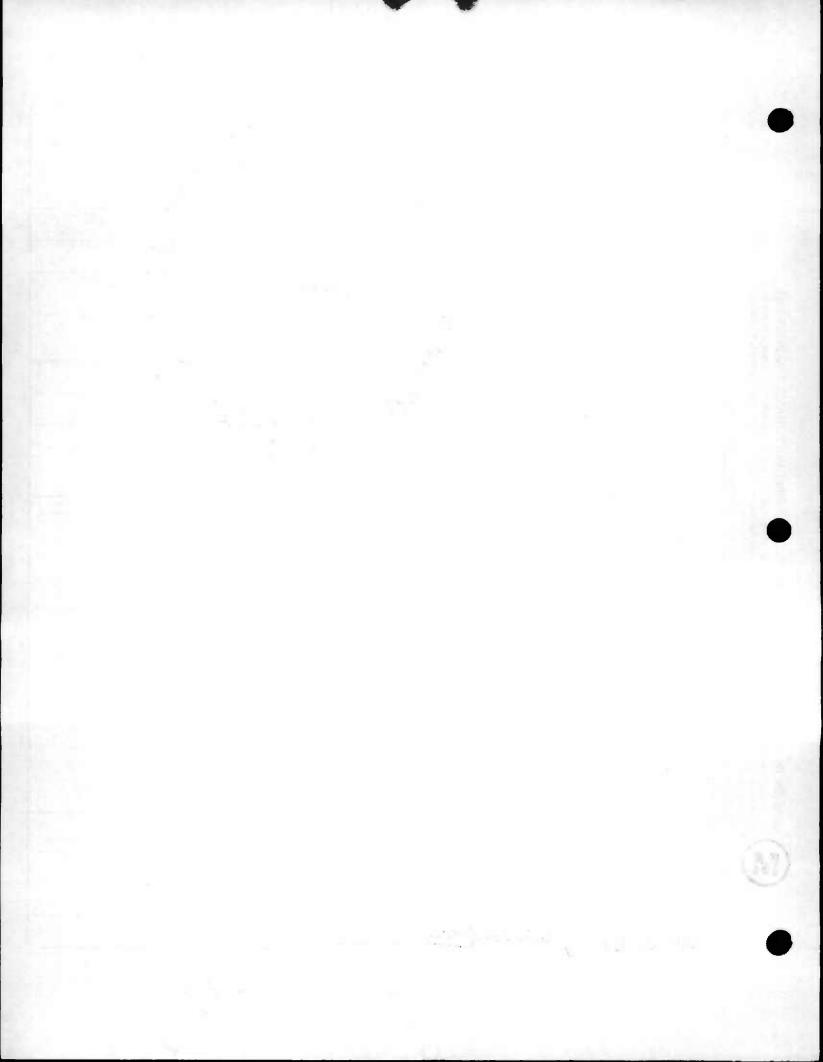
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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of the Manager of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within control after death. Page 6 may be retained by the h	TA THE FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained the formal process. The first page 1 should be detained from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: IS the modes of item 23 shows any failure or other trainmaile event, the medical examiner must be notified at one
V.	姓品	000
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	1. DECEDENT'S NAME (First, Middle, Lest) Blanche	H. Coola		RTIF					2. DATE OF MONTH APT	.25, DA	1991	YEAR	3. TIME OF DEATH 2.00 M
	4. SOCIAL SECURITY NUMBER 213-32-1684	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	t YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF			Count	IPLACE (State or Foreign ry) rvland
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN (OR LOCAT	ION OF DE				NTY OF E	4
5	4928 Leeds Aven	ue			Ar	butu	IS				Bal	timo	re
5	RESIDENCE OF DECEDENT												10d. INSIDE CITY
FUNERAL DIRECTOR	Md 106. COUNT Bal	10c. CI1	city, town on Location Arbutus							LIMITS? 1 YES 2 NO			
ERAL	100. STREET AND NUMBER 4928 Leeds Avenue 101. ZIP CODE 102. ZITIZEN OF WHAT USA								WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ever Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, WI 1 YES 2 NO Specify: Specify:								E — American Indian, k, White, etc. 1te			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	CEDENT'S ive kind of Do NOT u	work done se retired.)	CCUPATION OF THE COURT OF THE C	ON ost of work	ing	16b. F	(IND OF BUS	SINESS/INI	DUSTRY	
를	8th Homemaker Self												
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)												
BE	George Zimmerma	n						Marg	aret	Gill			
2	19a. INFORMANT'S NAME (Type/Print)		19						Route Numbe			p Code)	
-	John C. Coolaha	n							Hale			Mo	
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place) New Cathedral Cemetery Baltimore,								e, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE		2						brose	Fun	eral	Home tus,Md
	23. BART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca		rok	e	r tha mo	oda of d	ying, suc	h as cardl	ac or reap	retory ar	теаt,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE										
: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AL PERFORM! 1 YES 2								PMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1												
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	26d. DE\$0	CRIBE NOW	INJURY O	CCURED	
2 Accident 3 Suicide 6 Could not be detarmined 2 Sec. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)										Route Number,			
=	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEP. REGISTRAR CERT	ARTMENT OF HEALTH AND IFICATE OF DEATH		1 1 1 2 3 7 0
100		CHAVIS O(9) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	3. TIME OF DEATH 0735 A M 6. BIRTHPLACE (State or Foreign
	2/2 67 9208 1 M 2 DF 77 Y YRS 9a. FACILITY NAME (If not institution, give street and number)	B. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF	(Month, Day, Year) 1/25/13 DEATH 9c. COL	MARYLAND INTY OF DEATH
CTOR	ST. AGNES HOSPITAL	BALTIMORE CIT	Y BA	ALTIMORE CITY
DIRECTOR	MARYLAND ANNE ARUNDEL L	LINTHICUM		10d. INSIDE CITY LIMITS? 1 ☐ YES X X NO
FUNERAL	417 HAMMONDS FERRY ROAD	101. ZIP CODE 21090	10g. Cn	I.S.A.
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yee, specify Cuban, Maxi 1 — YES 2 X NO Spec		14. RACE — American Indian, Bleck, White, etc. Specify: WHITE
COMPLETED	(Specify only highest grade completed) (Give kind	IT'S USUAL OCCUPATION of work done during most of working of work done during most of working OTORY WORKER	SHREDDED F	PAPER COMPANY
BE CO	17. FATHER'S NAME (First, Middle, Last) HOWARD WHITE	18. MOTHER'S P	NAME (First, Middle, Malden Surname), MAY) WHITE
TO B	190. INFORMANT'S NAME (Type/Print) MRS. EDNA M. WARREN SAME	AS 10 a-f	il Route Number, City or Town, State, Z	lip Code)
		DATE OF DISPOSITION (Name litory of other place) EN MEMORIAL PARK	DATE 20c. LOCATION -	- City or Town, State JRNIE, MARYLAND
2	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		RAL HOME OF BROC	
	23. PART I. Inter the diseases, or complications that caused the death. In the cause of the cause on each fine. IMMEDIATE CAUSE (Fine) disease or condition The cause of the	es contractor of the state of	uch es cardiec or reapiratory e	Approximate interval Between Onset and Deeth
9	disease or condition resulting in death) e. Preumonia Due to (or as a consequence			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	E OF):		7. 2
ERTIFI	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE of the consequence of the conseq	E OF):		
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulti	ng in the underlying ceuse given	in Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH	Check only one)	
HYSI	1 VES 2 NO 1 Inpatient 2 EN/Outpetient 3 DO 27. MANNER OF DEATH 286. DATE OF INJURY 286.	TIME OF 28c, INJURY AT	e 6 ☐ Other (Specify) 26d. DE\$CRIBE HOW INJURY O	CCURED
ED BY	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined determined (Specify)	M 1 YES 2 NO	26f. LOCATION (Street and Numb City or Town, State)	er or Bural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death oc one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER CLUTA AUGUST MODE MAD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (1/87 29d, DA	TE SIGNED (Month, Dey, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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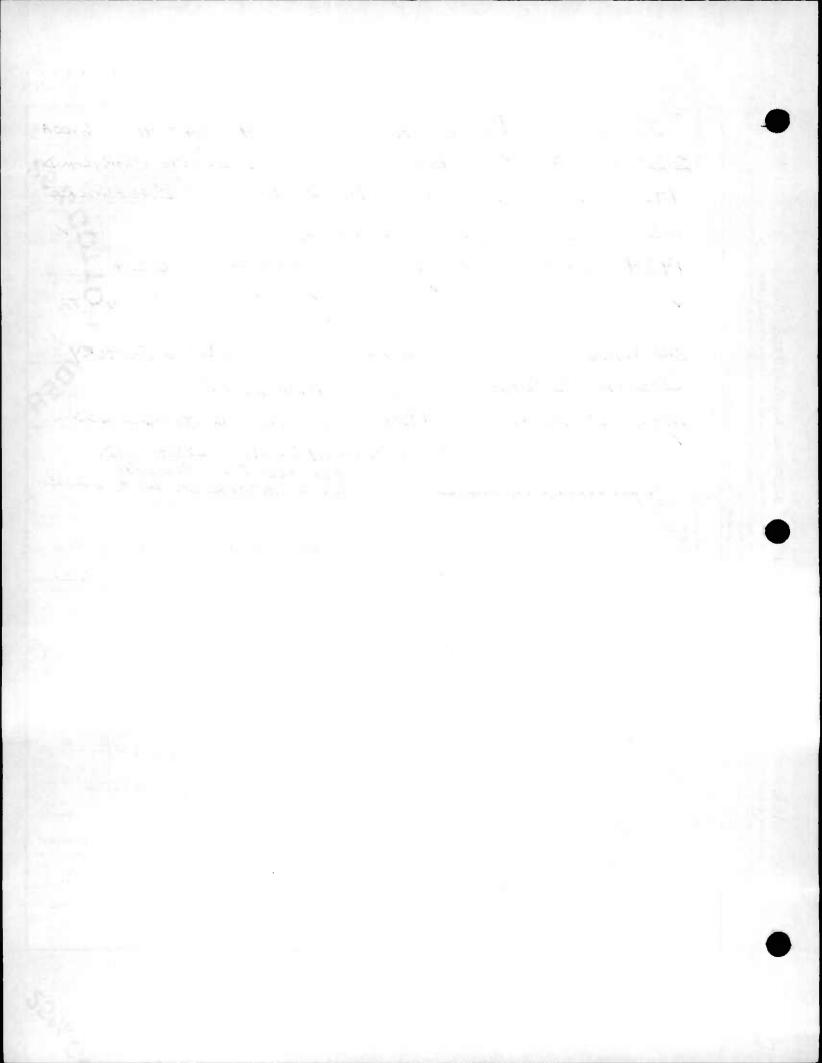
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PITAL (ERAL D	in 72 h	T. If It
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- yours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF I			CATE OF		MENTAL HYGIEN REG. NO.	E	91 1124
	1. DECEDENT'S NAME (First,		K, D.	EMBE	CK			2. DATE OF DEATH DATE OF THE D		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 212-20-	4805	5. SEX 1 M 2 F	6. AGE (In yrs. last 92		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 - 22-/	898 /	BIRTHPLACE (State or Foreign Country) MARYLAND
HOL	9e. FACILITY NAME (If not in:	UAL	The state of the s	9 VENLE	Ε		NDALK		BA	L'HIMORE
DIRECTOR	10a. STATE MDa	10b. COUNTY	actime	ORE	10c. CITY	DUND				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1934	WAL		9YENU		1	212	22	10g. CITIZEN	of what country?
à l	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	NT EVER IN U.S. ABI I YES 2 WINI WAR OR DATES		If yes, s		NIC ORIGIN? (Specify Yea on, Puerto Rican, atc.) Y:	14.	RACE — American Indian, Black, White, atc. Specify WHITE
COMPLETED		EDENT'S EDU- y highest grade		(GA	CEDENT'S I		ION lost of working	SEWI		actory
BE COM	17. FATHER'S NAME (FIRST, M JOSEPH	-	UDKA	•				ME (First, Middle, Meiden	Surname)	4
5 B	19a. INFORMANT'S NAME (7)	SperPrint) DEME	BECK	19b	MAILING 1934	ADORESS (Street	and Number or Rural	Route Number, City or Tow VE BAC		.21223
	20a, METHOD OF DISPOSITI 1 Disposition 1 Disposition 1 Disposition 2 Cremation 2 Other	(Specify)		20b. PLACE (other pla	(00)	ROSA	emetery, cremetory or RY CE	n. B	96to.	or Town, State
	21. SIGNATURE OF FUNERA	Ulla L	DUL	ber	/	22. NAME	DUARL DUARL OIS. CH	ESTERS	F. B4	EH. 4t, MD 21231
	22 DART I Control at - I							-		
		eart fallure.	a. A.S.C.	O (OR AS A CONSEC		^	ode of dying, suc	ne Roart	Iratory srrest	
ICATION	shock, or h IMMEDIATE CAUSE (Fir disease or condition	tions, cites	a. A.S. C. DUE TO OUE TO C.	O OR AS A CONSECUTION OF OR AS A CONSECUTION	DUENCE OF	Chronic my an	Conjects	th as cerdiec or resp	Iratory srrest	Approximete interval Between Onset and Death
SERTIFICATION	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	eert fellure.	a. A.S. C. DUE TO OUE TO C.	OV. D. W. O (OR AS A CONSECUE NELL)	DUENCE OF	Chronic my an	Conjects	th as cerdiec or resp	Iratory srrest	Approximete interval Between Onset and Death
I: MEDICAL CERTIFICATION	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS PART II. Other significa	tions, dieta ing ury ST	a. A. S. C. DUE TO C. DUE TO d	O OR AS A CONSECUTION OF A	DUENCE OF	chimic my Qnu	Conjection	in as cerdlec or reap	AUTOPSY RMED?	Approximete interval Between Onset and Death
4	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS PART II. Other significa	tions, dieta lung lung lung lung lung lung lung lung	B. SOLOTO OUE TO C. DUE TO d. DUE TO HOSPITAL:	O OR AS A CONSECUTION OF CONSECUTION	DUENCE OF DUENCE OF auditing i	Chronic 7: 7: In the underlyi 26. OTHER:	Conjects Conjects Conjects Conjects Conjects Conjects	Part I. 24a. WAS AT PERFO	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification SOLULIE 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	tions, dieta lung lung lung lung lung lung lung lung	A. S. C. DUE TO. b. OUE TO. c. DUE TO. d	D (OR AS A CONSECTION OF CONSE	DUENCE OF DUENCE	OTHER: 4 Nursing He	Conjects Conjects Conjects Conjects Conjects Conjects	Part I. 24a. WAS AN PERFO	A AUTOPSY RMED?	Approximate interval Between Onset and Death COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju thet initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide	tions, dieta iNG ury ST SI Condition	B. SOURTO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO	D (OR AS A CONSECTION OF CONTRACT OF CONTR	DUENCE OF DUENCE	or HER: 4 Nursing He 1 28c. 1 1 1	Congests Conges	Part I. 24a. WAS APERFO 1 YES:	A AUTOPSY RIMED? 2 M NO INJURY OCCUR and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS PART II. Other significates 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29s. CERTIFIER (Check only) CERTIFIER (CRECK only)	tions, dileta in condition in c	BE CONTRIBUTED TO SOLUTION OF THE SOLUTION OF	D (OR AS A CONSECTION OF INJURY — At ho, see, see, seed, see	DUENCE OF DUENCE OF BRUITING INJ	OTHER: 4 Nursing He E OF 28c. if URY M 1 street, factory, of	Congests Conges	Part I. 24a, WAS AN PERFO 1 YES: 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State at the cause(a) and markets.	N AUTOPSY RMED? 2 NO INJURY OCCUR and Number or	Approximete interval Between Onset and Death COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BY PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MED	TO MEDICAL Pending Investigation Could not be detarmined TOTYING PHYSIONAL EXAMINE	DUE TO B. OUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO C. DUE	D (OR AS A CONSECTION OF INJURY — At hog, etc. (Specify) of my knowledge, de axamination and/or	DUENCE OF SUENCE	26. OTHER: AUTHORITION AUTHORI	PLACE OF DEATH (Come 5 Residence NJURY AT VORK? YES 2 NO like and place, and du , death occured at the place of the second	Part I. 24a. WAS AI PERFO 1 YES: 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stelle to the cause(a) and make time, data and place, a MBER	AUTOPSY RMED? 2 NO INJURY OCCUR and Number or and due to the te	Approximete interval Between Onset and Death CAUS CAUS CAUS 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
APR 2 6 1991



rs after death. Page 6 may be retained by the hospital or attending physician	n by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 sho	removal.	dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE MORDITAL OR STEENING DAYS(CLAM The members) of the properties of the control of the property of the pro	TO THE FUNERAL DIRECTOR: After this certificate has been something physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Deat. of Health and Merchanisme prior to burial, cremation, or	IMPORTANT: It item 28 is marked, or item 23 shows any infary, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, Lest)	11. 5			2. DATE OF DEATH		3. TIME OF DEATH
	Helen I	e WiTT		MONTH 4-24	-91 YE	606 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le			7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountgy)
212.50-2184	10 M 2 DF 42	YRS. MONTHS DAYS	HOURS MIN.	7-4-4	8	N.C.
90. FACILITY NAME (If not institution, give s	street and number)	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
FRNCIS 2001	They Med. Ce	m Bi	7/10.			
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	Υ	10c, CITY, TOWN OR LOC	ATION			10d, INSIDE CITY
mil		BAKT	10			LIMITS?
10e. STREET AND NUMBER		1 2	IOI. ZIP CODE		18g. CITIZEN	OF WHAT COUNTRY?
11/2811.10	ke mond	AV-	112	12	21	
11, MARITAL STATUS	12. WAS DECEDENT EVER IN-U.S. A	RMED 13. WAS D		IIC ORIGIN? (Specify Ye	or No- 14.	RACE — American Indian,
1 Never Merried 2 Merried	FORCES? 1 YES		specify Cuben, Mexico ES 2 NO Specifi			Black, White, atc.
3 Widowed 4 Divorced			1		/	regno
15. DECEDENT'S EDU (Specify only-highest grade	e completed) (ECEDENT'S USUAL OCCUPA Give kind of work done during it		16b. KIND OF BU	SINESS/INDUST	RY /
Elementary/Secondary (0-12)	College (1-4 or 5+)	fe. Do NOT usa retired.)				
AN EASTINGS MANY ATLANTIA AND A LONG		LLCIUI				
17. FATHER'S NAME (First, Middle, Last)	Haddan 10	•	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
19a, INFORMANT'S NAME (Type/Print)	LITTLEW WINGSHIP	9b. MAILING ADDRESS (Stree	- JAIR	eley r	enso	7
Shi a La	200COD	12.06 15/	Wood	Route Mumber, City or Tow	in, state, zip cod	o) n 1 .
20a METHOD OF DISPOSITION	200 DIAC	E AND DATE OF DISPOSITION		DATE 20c. LC	CATION City	ar Your State
1 Buriel 2 Cremetion 3 Rem		ry, crematory or other place)	on (Ivame	DATE 200. LC	CATION — City	or lown, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	22. NAME	AND ADDRESS OF FA	CILITY		
1 Rotte [1 71		1	0. 1		
PE1151-	HARRY HO.	ne 11	2911. (AMO In	6 5%	
23. PART i. Enter the diseeses, or shock, or haert failure.	complications that caused the c List only one cause on each lir	daeth. Do not enter the r	node of dylng, auc	h aa cardiac or resp	iratory arrest,	Approximete interval Batween
IMMEDIATE CAUSE (Final	'n : /		,			Onsat end Death
disease or condition resulting in death)	· Respecto	ul utin	254	_		4 24-91
	DUE TO (OR AS A CONS	EQUENCE OF):				12/20/00
Sequentially list conditions,	b SCPICA					3/28/91
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):	/ .	0		7/241
CAUSE (Disease or Injury	DUE TO (OR AS A CONS	EQUENCE OF:	recover	1 alx	(A)	3/8/9/
thet initieted events resulting in death) LAST		,				
	d					
PART II. Other algnificent condition	ne contributing to death but not	resulting in the underly	ing cause given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
				1 🗆 YES	2 10	COMPLETION OF CAUSE OF DEATH?
					· \	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		PLACE OF DEATH (C)	neck only one)		
1 YES 2 NO	1 Inpetient 2 ER/Outpetient	3 DOA 4 Nursing H	ome 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 26c.	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
1 Niturel 5 Pending 2 Accident Investigation		M: 1 [YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, atreat, factory, or	ffice	281. LOCATION (Street City or Town, State		lural Route Number,
4 Homicide determined						
	BICIAN: To the best of my knowledge,	death occurred at the time, d	ate and place, and due	to the ceuse(e) end me	nner ee stated.	
one) 2 MEDICAL EXAMIN	ER: On the beele of examination end/o	or investigation, in my opinior	, death occured at the	time, date end piece, e	nd due to the ce	suse(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	iR ^		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
9:4000	MI)		A 541473	S7 GKAD	1	121-191
00. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)				
G50RG6	M. XOO					
31. DATE/FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			-		•
4/29/APR 26	1891 Julia Dan	idson-Randelle				

APR St. 1991 John Love - Marian

SALLIMONE, MAN LEADED STATES OF STAT	TO THE MISSIDIAL DIR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE PURPLE AND RECEIVED. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
		>		

31. DATAPR (M276°) 1991

	1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) HARRY ,	DAVIS		7540	2. OATE OF OEATH	year 91 7:11 a.m. M
	4. SOCIAL SECURITY NUMBER 2 18 42 8977 9e. FACILITY NAME (If not institution, give str	1 M 2 G F	1.5" YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	(Month/Day, Year) 45	8. BIRTHPLACE (State or Foreign Country) TY OF DEATH
HOLO	THE JOHNS HOPKIN	S HOSPITAL		BALTIMORE CITY	BAL	TIMORE
- DIRECTOR	10e. STATE 10b. COUNTY	1 U V		allo		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		Predere L	at '	101. ZIP CODE 2/2/	2 10g. CITIZ	EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 \(\subseteq\) YES, GIVE WAR OR	2 NO	13. WAS OECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puarto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamantary/Secondery (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	NokeLL	1
BE CON	17. FATHER'S NAME (First, Middle, Last) Hezekigh	DAVIS		KATA		NCO
2	19a. INFORMANT'S NAME (Type/Print).	94/5	5126	DRESS (Street and Number or Rura	Route Number, City or Town, State, Zip	Code)
	20e. METHOD OF DISPOSITION 1		Ob. PLACE ANO OATE OF		DATE 20c. LOCATION - C	City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	Locks!	P	22. NAME AND ADDRESS OF F	ACILITY 1304)	2. Central Be
	23. PART I. Enter the disesses, or concluded the conclusion of the	omplicationa that caus list only ona causa on hypoten four TO (OR AS	asch line.	anter tha moda of dying, au	ch aa cardiac or reapiratory arre	Approximate Interval Batween Onset and Dasth
CERTIFICATION	Sequantisily list conditions, if smy, lasding to immediata csuse. Entar UNDERLYING CAUSE (Disease or injury the initiated evants resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):			2 days
정	PART II. Other significant conditions		but not resulting in t	ha underlying cause givan i	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☑ inpatient 2 □ ER/Or		26. PLACE OF DEATH (C		1 729 2 9 110
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	URED
	3 Suicide S Could not be 4 Homicide datermined	28e. PLACE OF INJU building, etc. (S)	RY — At home, ferm, streed becify)	ot, factory, office	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETE	onel -				e to the cause(e) and menner se state se time, data and place, and due to the	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER AS MUNICIPAL MAD			29c. LICENSE N	JMBER 29d. DATE	SIGNED (Month, Day, Year)
	Sarah E Sliney 1				400 N. Wolfe	St. Balto, MC

APR 38 994 , The BE 994

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al examiner must be notifie	2
ry, or other traumatic event, the medic	
not any joint)

	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND /		TMENT OF H			HYGIENE REG. NO.		
1 }	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF		YEAR	3. TIME OF DEATN
	ANDREW			DENNIS		4	24	1991	12:35 a M
		SEX 6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, I		8. BIRTE Count	NPLACE (State or Foreign
	216-80-5331	M2 0 F 3/	YRS.	MONTHS DAYS	HOURS MIN.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		59 1	ne.
Æ	9a. FACILITY NAME (If not institution, give street a UNIVERSITY HOSPITAL			BALTIMO	OR LOCATION OF DI	EATH	90	COUNTY OF	DEATN
DIRECTOR	RESIDENCE OF DECEDENT								
뿐	10e. STATE 10b. COUNTY	1.	10c. CITY	r, TOWN OR LOCAT	TON .				10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER		/	211/10	-		Loc		YES 2 NO
HA	IN. STREET AND NOMBER			101	. ZIP CODE		109	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. AF	RMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN?	Specify Yee or N	16 BAC	E - American Indien,
	1 Never Married 2 Married	FORCES? 1 YES 2	No	If yes, sp	ecify Cuban, Mexico	n, Puerlo Ric		Blac	k, White, etc.
B	3 Widowed 4 Divorced			1 120	XIII Specifi	,		177	egno
B	15. OECEDENT'S EDUCATIO (Specify only highest grade comp		live kind of w	USUAL OCCUPATION	ON st of working	16b. K	IND OF BUSINES	SS/INDUSTRY	1
LET	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Do NOT us	e retired.)		-			
COMPL	17. FATHER'S NAME (First, Middle, Laist)		-100	7					
	LA VIO	nnic			16. MOTHER'S NA	WE (First, Mid	dle, Malden Surn	amo)	
H	19e. INFORMANT'S NICHE (Type/Print)	110	h MAILING	ACORESS (Street o	and Number or Rural	Pouts Number	City or Town St	ete Zin Codel	21026
2	MATTLE DANS	nis	. A.	A E.	Radio di total	- No	es es la	we B	a housemed
. Mary	20a, METHOD OF DISPOSITION	20b. PLACE	E ANO DATE	OF DISPOSITION	(Name	DATE	20c. LOCATI	ON City or T	own, State
	1: Buriel 2 Cremation 3 Removal (from State of cemetary	cremetory	or other place	e Com	1/2,	15%	240-1	2/
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE			NO AODRESS OF FA				
1	Betts Fune	ral Hon	12	1120	W.CA	rolin	12 54	-	1.5
	23. PART i. Enter the diseases, or compensate shock, or heart fallure. List	pilications that caused the de	eath. Do n	not enter the mo	de of dying, suc	h ae cerdle	c or reapirato	ery arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final			ā . u	,				Onset and Death
	disease or condition resulting in death)	MULTIPLE			UNDS				
		DUE TO (OR AS A CONSE	OUENCE O	F):					
NO NO	Sequentially list conditions, b	DUE TO (OR AS A CONSE	OUENCE OF	Fi:					
I K	if any, leeding to immediate cause. Enter UNDERLYING	,		•					
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF	F):					
CERTIFICATION	resulting in death) LAST								
0	PART II. Other aignificant conditions co	ontributing to death but not	regulting	in the underiving	a cause given in	Part I. 2	4e. WAS AN AUT	OPSY 24	b. WERE AUTOPSY FINDINGS
8							PERFORMED	07	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICA						1	YES 2 🗆	NO	OF DEATN?
2						_			TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C/	neck only one)			
Sic		OSPITAL: Inpatient 2 ER/Outpatient :	3X DOA	OTHER:	ne 5 🗆 Realdenca	8 🗆 Other (Specify)		2
PHYSICIAN:	27. MANNER OF CEATN	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. IN.	JURY AT ORK?		RIBE HOW INJUI		
BY F	1 Natural 5 Pending 2 Accident Investigation	4-23-1991	11:3	30p 1 🗆	YES 2 NO	SUBJ	ECT STA	BBED	
8	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm,	100 100 100 100 100	•	281. LOCAT	ION (Street and I Town, State) BLOCK P	Number or Rural	Route Number,
	29e. CERTIFIER				111000 1 1000				
COMPLET	(Check only	: To the best of my knowledge, d in the basis of examination end/or							e) end manner ee stated.
U U	296. SIGNATURE AND TITLE OF CURTIFIER				29c. LICENSE NU	MBER	29	d. DATE SIGNE	O (Month, Day, Year)
m	ware meghel	U My			OCME			4-24-1	991
٤	30. NAME AND ADDRESS OF PERSON WHO CO								
1	MARGRAND A.		N. P	ENN STRE	ET BALTI	MORE,	MARYLAN	ND 2120	1
	APR 26 1991 July	32. REGISTRAR'S SIGNATURE							
	ATT 20 1991 900	a Devidson-Randal	2						

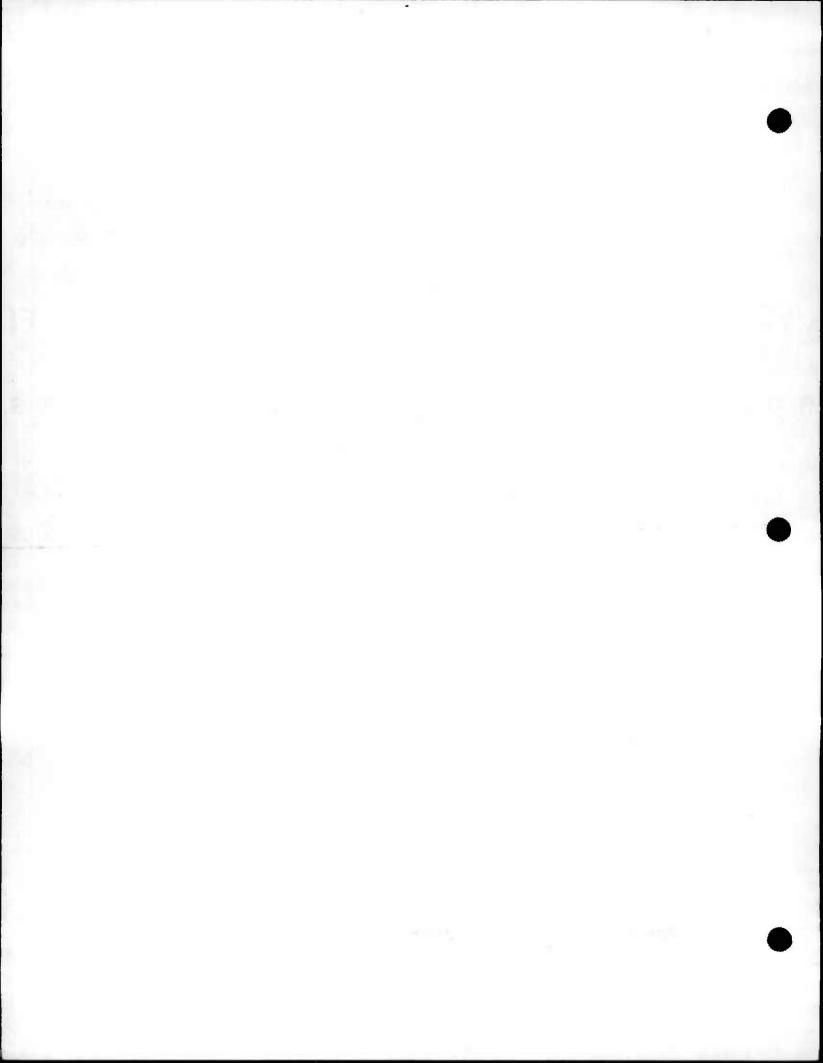
BALTIMORE, MARYLAND 21203-3146
sifer death. Page 6 may be retained by the hospital or attending physician.
y the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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NON	A. Af	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the standard of the funeral director, page 5 should be detached any within 72 hours after death with the State Dept. of Health and Mental Hyblere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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12	12	5 =

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF HI		MENTAL HYGIEN		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	YEAI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	D. Davis		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	218-14-9312	1 × M 2 □ F 77		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	ONKTON, MD
	9a. FACILITY NAME (If not institution, give str	reet and number)	9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O	
FUNERAL DIRECTOR	GOOD SAMARITA	N HOSPITAL		BAL	TIMORE			
띭	10e. STATE 10b. COUNTY		10c. CITY, T	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
ā	MARYLAND		I	BALTIM				1 X YES 2 NO
₹ I	10e. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEN C	OF WHAT COUNTRY?
<u> </u>	617 GLENWOOD 11. MARITAL STATUS	AVENUE 12. WAS DECEOENT EVER IN U.S. AB	MED	12 WAS DECI	21212	IC ORIGIN? (Specify Yes	or No. 14 B	USA ACE — American Indian,
립	1 Never Merried 2 X Married	FORCES? 1 YES 2 A	NO	If yes, spe		n, Puarlo Rican, atc.)	В	llack, White, atc.
В	3 Widowed 4 Divorced	II TEO, OITE WIN ON DATES		1	a E_Fito openiny			Black
	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Gi	ive kind of wor	SUAL OCCUPATIO		16b. KINO OF BU	SINESS/INOUSTR	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use r	retired.)		AAI	CORP	
CON	17. FATHER'S NAME (First, Middle, Last) CHARLIE JACKSO	N				ME (First, Middle, Malden DAVIS	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) BETTY WHYE DAV				nd Number or Rural F	Route Number, City or Tow	n, State, Zip Code	MD 21212
	20a, METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Ramo				etery, cremetory or		CATION — City o	r Town, Stata
	1 X Burlel 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)	DULA	NEY V	VALLEY	CEMETE	RY TIM	MUINON	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11		Y O. DY		N FUNI	ERAL HOME
	Nuly	U Nyhl	<u> </u>					NUE 21207
	23 PART Enter the diseases, or o shock, or heart fallure. I IMMEDIATE CAUSE (Final	List only one couse on each line	D.				iratory arrest,	Approximats interval Between Onset and Daath
	disease or condition resulting in deeth)	e. Tryo card	OUENCE OF:	Infa	nct ou			Andden
_		Hy herter						17 gm.
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	The state of the s					
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury	с						
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					i
띩		d						-
	PART ii. Other significant condition	s contributing to deeth but not	resulting in	the undarlying	cause given in		AUTOPSY RMED?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
DIC.						1 _ YES	2 🗆 NO	COMPLETION DF CAUSE DF DEATH?
ME						_]	1 TES 2 NO
PHYSICIAN: MEDICAL								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
4YS	1 TYES 2 💯 NO 27. MANNER OF DEATH	1 Inpetient 2 FR/Outpetient 3	265. TIME			6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURE	D D
P	Natural 5 Pending	(Month, Day, Year)	IULNI	RY WO	PK? YES 2 NO			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, str	met, factory, offic		261. LOCATION (Street City or Town, State		ıral Route Number,
5	29a. CERTIFIER							
COMPLETED	(Check only	ICIAN: To the best of my knowledge, de ER: On the beals of examination and/or						use(a) and monner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIES			,, opinion, u				
BE	250. SIGNATURE AND THE OF CENTIFIE	1 mg			D - 7		ZVd. OATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	0	EM 27) (Type, F	Print)	2 / 1		7/	- 1//
	1/60000	243 43	7001	11	20 0	1 100 7	alical 1	41 21200

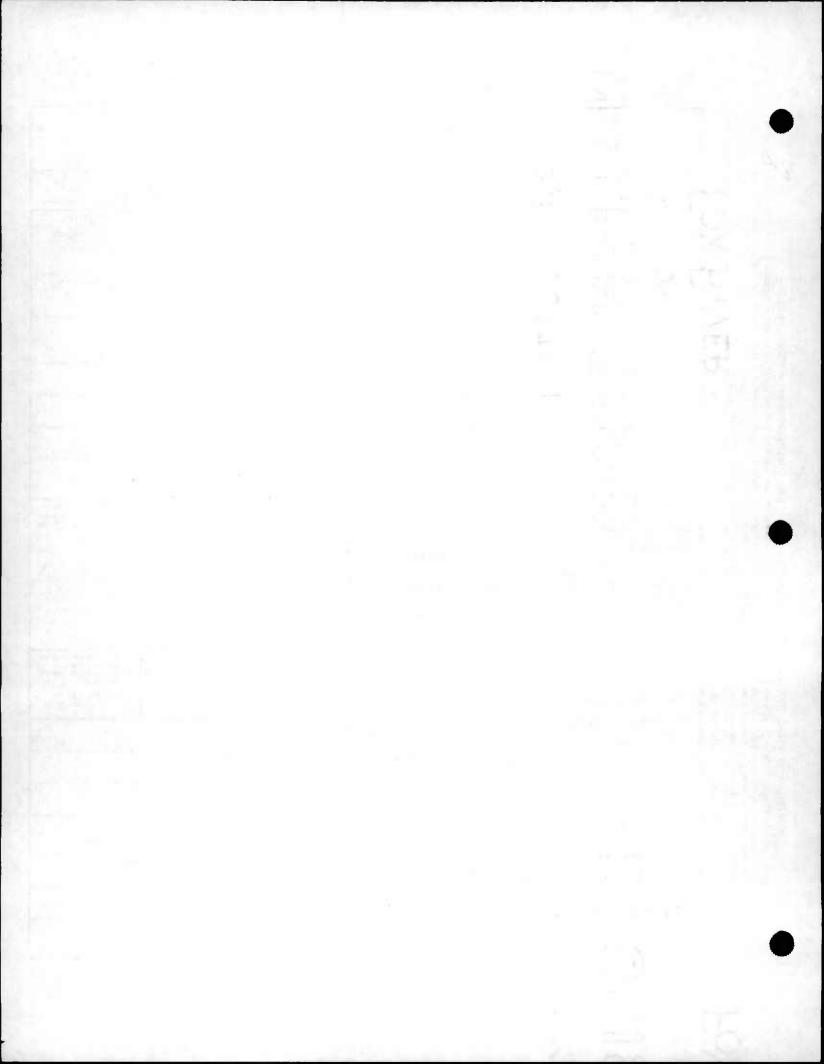
DHMH-16 Rav 1/89



DHMH-18 Rev 1/89

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, L	ast)							2. DATE	OF DEATH			3. TIME OF DEATH
	JOHN	HARRY	ELI	AS					MONT 4	23		91	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTHE	PLACE (State or Foreig
	296-24-9364	11X M 2 🗌 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov	6,193	3	Ohio	,
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY,	TOWN	OR LOCATION OF OEATH 9c. COUNTY OF DEATH				ATH		
DIRECTOR	St. Joseph Hos	pital			То	Tows on Baltime				imor	e		
ច្ឆ	10a. STATE 10b. CO			10c. CI1	ry, TOWN O	R LOCA	TION					Т	10d. INSIDE CITY
뜽	Maryland Ba	altimore		Ва	ltimo	re	(Cub	Hil	LIMITS?				
	10e. STREET AND NUMBER					10	f. ZIP CODE				10g. CITIZ	ZEN OF W	HAT COUNTRY?
FUNERAL	#3 Tipperary C	t.					21234	1			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S	ARMED			CENDENT O			N? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
ВУ	1 Never Merried 2½ Merried 3 Widowed 4 Divorced		MAR OR DATES				3 2 NO	Specif		, 010.7		Spec# Whit	y:
9	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	184	. DECEDENT'S	work done o	CUPATI	ON ost of workin	g		. KIND OF BU			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ille. Do NOT u	ise retired.)					-		-	rtation
₽	11			Super	ınten	aen				altimo		ty,	Md.
	17. FATHER'S NAME (First, Middle, Las	7)							a St	Middle, Maiden	Sumeme)		
H	George Elias 190. INFORMANT'S NAME (Typo/Print)			105 8444 111	G ADDRESS	(Otrac)				ber, City or Tow	n Ctat- 71-	Code	
2	Harriet L. Elia	9.5			as #		with MUTTON	or munut	. KUUTO NUIT	usi, unity or low	rr, orate, ZID	J00 0)	
	20a. METHOD OF DISPOSITION	A	20b. PL	ACE AND DAT			N (Name		DAT	E 20c. LO	CATION —	City or Tox	wn. State
	1 N Burlel 2 Cremetion 3 14 Donetion 5 Other (Specify)	Removal from State	St.	Deme t	rios	Cem	etery	7	4/25				alto.,Md
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	1/		22.	NAME A	ND ADDRES	S OF FA					
	Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204												
	23. PART 1. Enter the diseases	KKKKKKK	180	death De	1	050	York	Rd	To	wson.	Md. 2	1204	
	shock, or heart fail	ure. List only one ca	use on aach	iina.	not enter	tira iii	oda oi uyi	ng, suc	ir as Cai	diac or resp	iratory arr	est,	Approximate interval Bets
- 1	iMMEDIATE CAUSE (Final disease or condition	/			1	1	0.1	1	-	hill	Ar.		Onset and E
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):											
- 1	The Mixed Discoulance of:									1 (Y			
CATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO	OR AS A CO	NSEQUENCE (OF):)		
8	cause. Enter UNDERLYING CAUSE (Disease or injury	G											
ū.	that initiated events	OUE TO	OR AS A CO	NSEOUENCE (OF):								
= 1													
ERTIFI	resulting in deeth) LAST	d											-
빙		diltions contributing to	daath but r	not resulting	In tha un	darlyin	ng causa g	iven in	Part i.	24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FIND
B	resulting in deeth) LAST	ddltions contributing to	daath but r	not resulting	in tha un	dariyin	ng causa ç	jiven In	Part i.	PERFO	RMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAU
2	resulting in deeth) LAST	dditions contributing to	o death but r	not resulting	in tha un	dariyin	ng causa g	jiven in	Part i.		RMED?	24b.	AMBLABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CE	resulting in deeth) LAST	d	o daath but r	not resulting	in tha un	darlyin	ng causa g	given in	Part i.	PERFO	RMED?	24b.	AMRABLE PRIOR TO COMPLETION OF CAU OF DEATH?
AN: MEDICAL CE	PART II. Other significant cond		o death but r	not resulting	In the un		ng causa (_	PERFO	RMED?	24b.	AMBLABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL CE	PART II. Other significant cond				ОТНЕ	26. P	PLACE OF D	EATH (CI	hack only c	PERFOI	RMED?	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL CE	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL: 1 Inpatient 2	ER/Outpetie	nt 3 🗆 DOA	OTHE	26. P 1: sing Hor 28c. IN	PLACE OF D	EATH (CI	hack only c	PERFOI	RMED?		AMRABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL CE	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	AL HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month,	ER/Outpatio	nt 3 🗆 DOA	OTHEI	26. F R: sing Hor 28c. IN	PLACE OF D	EATH (6)	hack only c	PERFOI 1 YES : nne) or (Specify)	RMED?		AMBLABLE PRIOR TO COMPLETION OF CAL OF DEATH?
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3. TIME OF DEATH

03:20

Maryland

10d. INSIDE CITY LIMITS?

14. RACE — American Indien, Black, White, etc.

21228

MD 21228

Interval Between Onset and Deeth

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

29d. DATE SIGNED (Month, Day, Year)

V. GRIPPOI

Randallstown, MD

1 XYES 2 NO

White

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify:

REG. NO

OATE OF BIRTH (Month, Day, Year) 07-04-1920

2. DATE OF OEATH 4-24-91

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

218-08-1548

1. DECEOENT'S NAME (First, Middle, Last)

MARY

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Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 1825 Warwick Avenue 21229 page 5 should be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS It yes, specify Cuben, Mexicon

1 YES 2 NO Specify: 1 Never Married 2 Married В 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Never worked 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin Lee Ford Bessie Harding 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pat Mathews (Social Worker) Spring Grove Medical Center 2 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must filled in by the funeral director, on, or removal. Mt Olive Cemetery 4/26 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HOLD THE examiner 22. NAME AND ADORESS OF FACILITY
MacNabb Funeral Home George E. MacNabb 301 Frederick Rd., Balto., the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel cremation, disease or condition resulting in death) Port hostruc within 2 een signed by the attending physician and completely of Health and Mental Hygiene prior to burial, crematic other traumatic event, executed etic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 2 CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, or PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 1 TES 2 NO ir this certificate has been sign with the State Dept. of He arked, or Item 23 shows PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
12 Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO AFTENDING PHYSICIAN: g Home 5 - Residence 6 - Other (Specify) 4 🗆 Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural М 1 YES 2 NO BY 2 Accident Investigatio FUNERAL DIRECTOR: After within 72 hours after death 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide CERTIFIER (Check only one) 2 DEPURE CONTROL OF THE DEST OF MY knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MPORTANT: If item 8 29a. CERTIFIER HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 프로 기를 29c. LICENSE NUMBER BE 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) S. A. H. 900 CATON AVE 21229 BALTIMORE 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S, SIGNATURE Davidson-Rand

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ord

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

ry Virginia Ford

to YES YAS.

6. AGE (In yrs. last birthday)

Mary

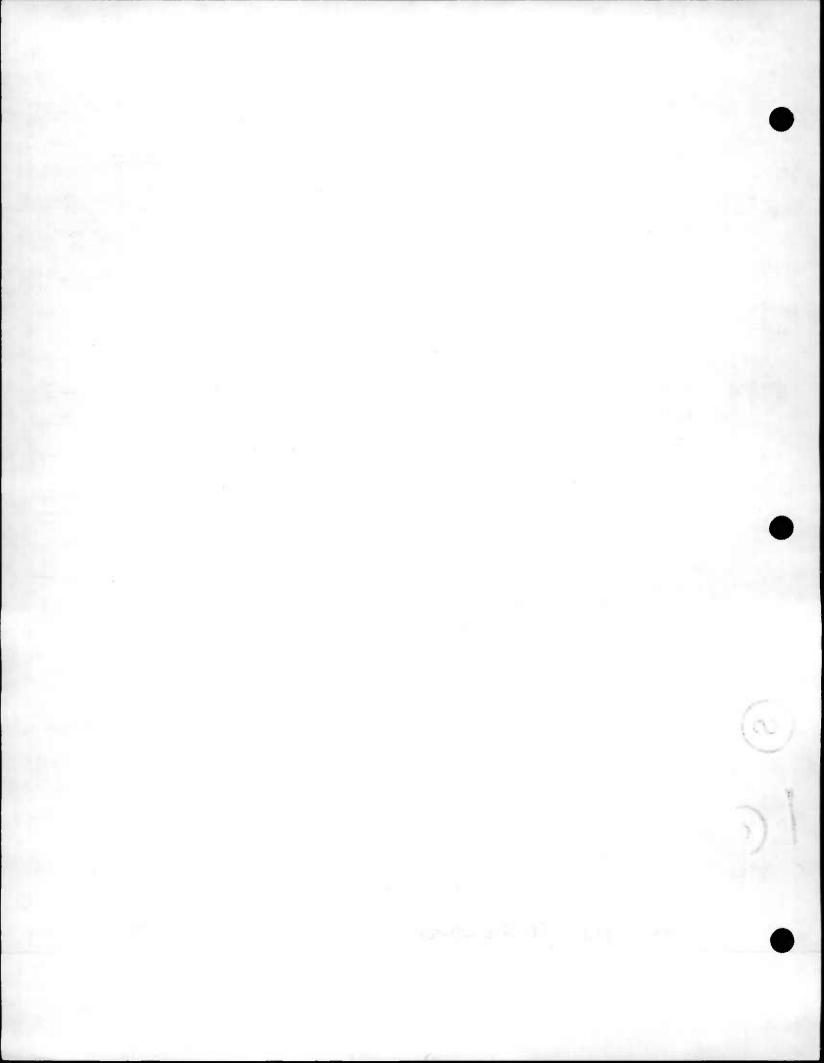
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31. DATE FILED (Month, Day, Year) APR 26 1991

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT FICATE				YGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Maria G		GAL	LUZZ	0	2. OATE OF April		1991	EAR 3.	TIME OF OEATN 5:00 P M
	4. SOCIAL SECURITY NUMBER 217-62-3099	5. SEX 6. AGE 1 ☐ M 2 🖾 F 90	(In yrs. lest birthda	MONTHS		IF UNDER 24 HRS.	7. OATE OF I	BIRTH by. Year) 29	1900 I	Country)	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b, CITY,	TOWN OR	LOCATION OF O			9c. COUNTY	OF DEAT	N
TOR	FRANKLIN SQUARE H	OSPITAL		BAL	TIMO	RE			Balti	more	County
DIRECTOR	MARYLAND BALTI			CITY, TOWN OF ALTIMOI		IN .				100	d. INSIDE CITY LIMITS? TYES 2 THE NO
FUNERAL	100. STREET AND NUMBER 6 LOVELOCK COURT					1236			10g. CITIZER	OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES	S 2 X NO	11	AS DECEM	NDENT OF NISPA Ity Cuban, Mexica NO Specif	en, Puerto Rice		or No- 14	. RACE — Black, W Specify: HITE	Amarican Indian, hita, atc.
E5	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDEN (Give kind	of work done du	CUPATION uring most	of working	16b. Kii	ND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elamentary/Secondary (0-12) N/A N	College (1-4 or 5+)	HOMEMA	T use retired.) AKER			НОМ	E			
E CO	17. FATNER'S NAME (First, Middle, Last) COSIMO MARCELLINO)				18. MOTHER'S NA ROSA M			Surnama)		
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and	Number or Rural			rn, State, Zip Co	ide)	
일	CARMELO GALLUZZO	(SON)	6 LO	ELOCK	COUI	RT, BAL	TIMORE	, MA	RYLAND	212	36
	20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remo	oval from State	other place)				DD37		CATION CIT		
	4 Donation 5 Other (Specify)		MOST HOI			ADDRESS OF FA		BAL	TIMORE	,_MA.	RYLAND
	· me H	Loud	/					OME,	INC.	MARY	LAND 21236
	23. PART_L Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one codes on Aspirati	each line.	monia	the mode	a of dylng, suc	ch ea cardled	or resp	iretory arrea	t,	Approximata interval Batween Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE	1							
	PART II. Other algolificant condition		h	- t- the con-	44-4		Book La			T	FRE AUTOPSY FINDINGS
MEDICAL	acute renal fa	_	TOUT NOT I BRIGHT	ig in the unit	derrying	Cause given in		PERFO	V	CC	Allable Prior to MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26, PLA	CE OF DEATH (C	heck only one)				
SC	EXAMINER? V 1 YES 2 NO	HOSPITAL:	stpatient 3 DO	OTHER		5 🗆 Residence	6 🗆 Other /S	necify)			
표	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b.		26c. INJU	RY AT			INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJU building, etc. (S	RY At home, fer	m, street, facto				DN (Street lown, State	and Number or	Rural Rou	e Number,
COMPLETE	(Original Original rigina Origina Origina Origina Origina Origina Origina O	ICIAN: To the best of my kn									nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ulli	4			29c. LICENSE NU	N	/A	>H	119	onth. Day, Year)
F	30. NAME AND ADDRESS OF PERSON WH Madhu Chaudh	OCOMPLETEO CAUSE OF	OEATH (ITEM 27) (klin S	quar	e Drive	Balt	imor	e MD	21	237

32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
The most property of Agricultural Physician.
The most property of Agricultural Physician attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI				GIENE G. NO.	71 11255
VI THEFT IN	1. DECEDENT'S NAME (First, Middle, Last) GECLLE CAMBLE	/ c	ECILE	GAN	IBLE	2. DATE OF OE MONTH		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 035 16 0279	5. SEX 6. AGE (In)		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 12-26-	Year)	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give str St. Agnes Hospi RESIDENCE OF DECEDENT		q		imore	EATH		Y OF DEATH
L DIREC	MD 10s. STATE 10b. COUNTY MD 10s. STREET AND NUMBER	NA	В	altimo			10a CITIZE	10d. INSIDE CITY LIMITS? 11% YES 2 NO
FUNERAL DIRECTOR	3330 Wilkins Ave			13. WAS DE	21229 CENDENT OF HISPAI	NIC ORIGIN? (Spe	ocity Yas or No.—	S A RACE — American Indian, Black, Whita, atc.
B	1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATE	6a. OECEOENT'S US	1 TYES	3 2 🕅 NO Specifi	y:	OF BUSINESS/INDUS	Specify: White
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	k done during m retired.)			Unknown	
BE CO	17. FATHER'S NAME (First, Middle, Last) Denerie Duv	all				pe Code	erre	
0	19a. INFORMANT'S NAME (Type/Print) Mrs Lendelder			,		7733 21		dwood St
	20a. METHOD OF DISPOSITION 1	val from State of ce	metary, crematory of St. Sta	nislau	is Cem.	4/26	20c. LOCATION — CH /91 Ba	ty or Town, Stata 1to. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE George A. Weber 705	Ronald) Wad	le,Dir 4/91		ND ADDRESS OF FA		te Anato Lto,MD 21	my Board 201
	23. PART I. Enter the diseeses, or co ahock, or haart feliure. L IMMEDIATE CAUSE (Finel	omplications that coused to		t enter the m	ode of dying, suc	ch as cardisc o	r respiratory street	Approximate interval Between Onset and Desti
	disease or condition resulting in death)	DUE TO (OR AS A C	CZA MY	In	sufficie	tay.	<i>//</i>	
CATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	CONSEQUENCE OF):	EMBO	olism.	T. CV	<u>A.</u>	
CERTIFICATION	that initiated events resulting in death) LAST	PUCUM	CONSEQUENCE OF)	+ R	+ side	Em	pyama	
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO 24b. WERE AUTOPSY FINI ANILABLE PRIOR TO COMPLETION DE CAU							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Outpet		OTHER:	PLACE OF OEATH (C		ocity)	
ву рну	27. MANNER OF DENTH Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY W	JURY AT ORK? YES 2 NO	26d. DEŞCRIBI	E HOW INJURY OCCU	JRED
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif)	γ)			City or Tow		
COMPLET	(Check only	CIAN: To the best of my knowle R: On the basis of axamination						d. cause(a) and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	lulul	7		29c. LICENSE NU	IMBER		SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRATS, SIGNATURE STATE DEVICE STATE PROPERTY OF THE PR

APR 26 1991

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law actives by the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been some the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
	CERTIFICATE	OF DEAT	Ή	REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLA		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	ion C.	Gal	P	2. DATE OF DEATH MONTH DAY	7 YBAR 3. TIME OF DEATH 2-50 Rm M
	212-94-7780 11	SEX 6. AGE (In	yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. BE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-/2-/96	6. BIRTHPLACE (State or Foreign) Country) M
TOR	9e. FACILITY NAME (If not institution, give street	tospital	9b. C	Ba $(+)$	EATH 9c. Co	OUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	V	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS? 1 1 1 YES 2 □ NO
FUNERAL	100. STREET AND NUMBER 70/ Al. Arlin	giton Ave		101. ZIP CODE 2/21	7 10g. c	CITIZEN OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 12. 11. Never Merried 2	WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 NO	I3. WAS DECENDENT OF HISPAI II yes, specify Cuben, Mexica 1 YES 2 NO Specif		- 14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete interpretary/Secondary (0-12)	ON pleted) Dilege (1-4 or 5 +)	6e. DECEDENT'S USUAI (Give kind of work do life. Do NOT usa retire	ne during most of working	16b. KIND OF BUSINESS/	UNDUSTRY
BE COMF	17. FATHER'S,NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Majden Suynami	0)
TO B	190, INFORMANT'S HAME (Type/Pgint)	lains	5/03	ESS (Street and Number or Rural	Route Number, City or Town, State, Way Apt	210 Code) 2120k
	20e_METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State of ce	PLACE AND DATE OF D metary, of matory or oth		DATE 200 DOCATION	alls town, rep
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Narch		laich I36	o wakash	Lue
	23. PART i. Enter the diseasee, or com shock, or heart failure. List	plications that caused only one cause on se	the death. Do not an	ter the mode of dying, euc	th ee cerdiec or reapiretory	interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiac DUE TO (OR AS A C	ONSEQUENCE OF	<i>t</i>	1	Onset end Death
NOIL	Sequentially list conditions, if any, leading to immediate	Duchenn Due to (or as a c	es /VIV	500 av 1), stroph	\
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reculting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):			
	PART ii. Other eignificent conditions co	ontributing to death bu	t not resulting in the	underlying cause given in	Part I. 24s. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AN	25. WAS CASE REFERRED ID MEDICAL			26. PLACE OF DEATH (C	pack only one)	
SICI		OSPITAL:		IER: Nursing Home 5 - Residence		
표	27. MANNER OF DEATH Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
B	2 Accident Investigation	PLACE OF INJURY	- At home, lerm, street.	1 120 2 110	261. LOCATION (Street and Nun	nher or Rural Route Number
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specif			City or Town, State)	
COMPLETED	anal .				e to the ceuse(e) and manner ee e time, date end place, end due t	stated. to the ceuse(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	W D		29c. LICENSE NU (1) 40 /	MBER 29d.	DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (UTEN 27) (Type, Print)	mn)	-1201	
	31. DATE FILED (Month, Day, Year) 26. 1991	32. BEGISTAAR'S SIGNA	TURE Andelle			

Sand was and the

permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriet-franche filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

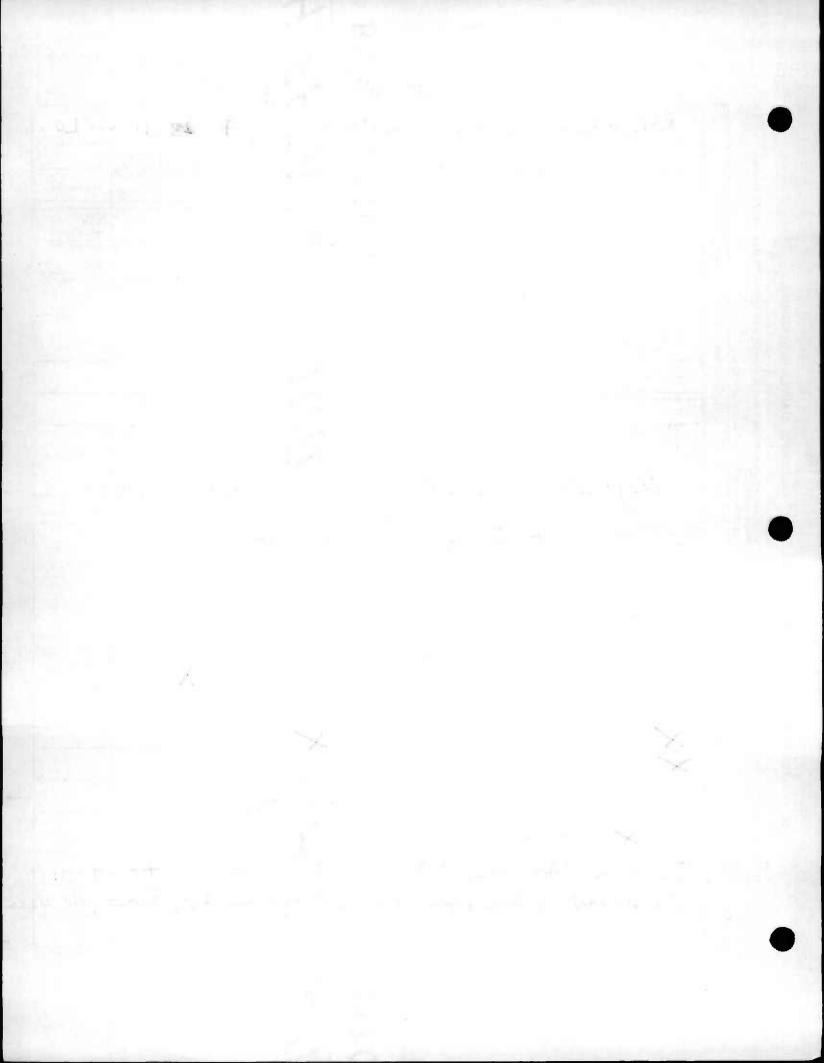
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, MARSHAL	L JOH		n Georg	16-	2. DATE OF DEATH MONTH	23	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217–38–0299	6. SEX 6. AC		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-15-1941		BIRTHPLACE (State or Foreign Country) Virginia
9a. FACILITY NAME (If not institution,	Car de la Hactai		b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNT	Y OF DEATH
9B byway North	Riverdale Apa	artments	Ba1ti	imore Cou	ınty	Ba1:	itmore
10a. STATE 10b. CO		10c, CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY
faryland H	Baltimore		imore d				LIMITS?
10e. STREET AND NUMBER				1. ZIP CODE		10a, CITIZE	EN OF WHAT COUNTRY?
9B Byway North	Riverdale Apa	artments		21221			ed States
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S.ARMED	13. WAS DEC	CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		4. RACE — American Indian, Black, White, etc.
Never Merried 2 Merried Widowed 4 Divorced	FORCES? 1 1 Y			ecity Cuban, Mexica 3 2 NO Specif	nn, Puerto Rican, etc.) y:		Specify: White
15. DECEDENT'S (Specify only highest		18a. DECEDENT'S US	SUAL OCCUPATION OF	ON net of worklog	18b. KIND OF BU	SINESS/INOU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use r	retired.)				
8 Yr		Security	Guard		First N	Vation	al Bank
7. FATHER'S NAME (First, Middle, Las	0			1	ME (First, Middle, Maider		
Sam George			100		Gorschboth		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov		-
Joseph Mosetti		912 S	. Clint	on St.	Baltimore,	MD 2	1224
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3	Removal from State	20b. PLACE OF DISPOSIT	ION (Name of ce	metery, crematory or	20c. LC	OCATION CI	ty or Town, State
4 Donation 5 Other (Specify)		Green Mou			E	Baltimo	ore, Maryland
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	. 4:	Lilly		er, Inc. Fu		Homes
23. PART I. Enter the diseases shock, or heert fall IMMEDIATE CAUSE (Final disease or condition	or complications that cau- ure. List only one cause of	sed the death. Do not n each line.	t enter the mo	ode of dying, suc	th ea cardiac or reap	elratory arres	Approximete interval Between Onset and Daet
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):					
PART II. Other significant cond	litions contributing to desti	h but not resulting in	the underlyin	g ceuse given in	PERFO	NAJTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL		26. P	LACE OF OEATH (C)	neck only one)		
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/0		OTHER:	1	6 Other (Specify)		
27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY 265 TIME (OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJU	URY — At home, ferm, stre Specify)			281. LOCATION (Street City or Yown, State	and Number o	r Rural Route Number,
	PHYSICIAN: To the best of my kr						1. cause(a) and manner as stated.
T. CLOSSON	Monovan	M.D.	CE.	SO 7	MBER 32	29d. DATE	SIGNED (Month, Day, Year) 24-91
30. NAME AND ADDRESS OF PERSO J.CROSSAM			8. 2	112 Da	NDALK AV	E. 7	3 ALIO., MD. 2
APR 2 6 1991	32. REGISTRAR'S S	IGNATURE	E.				/



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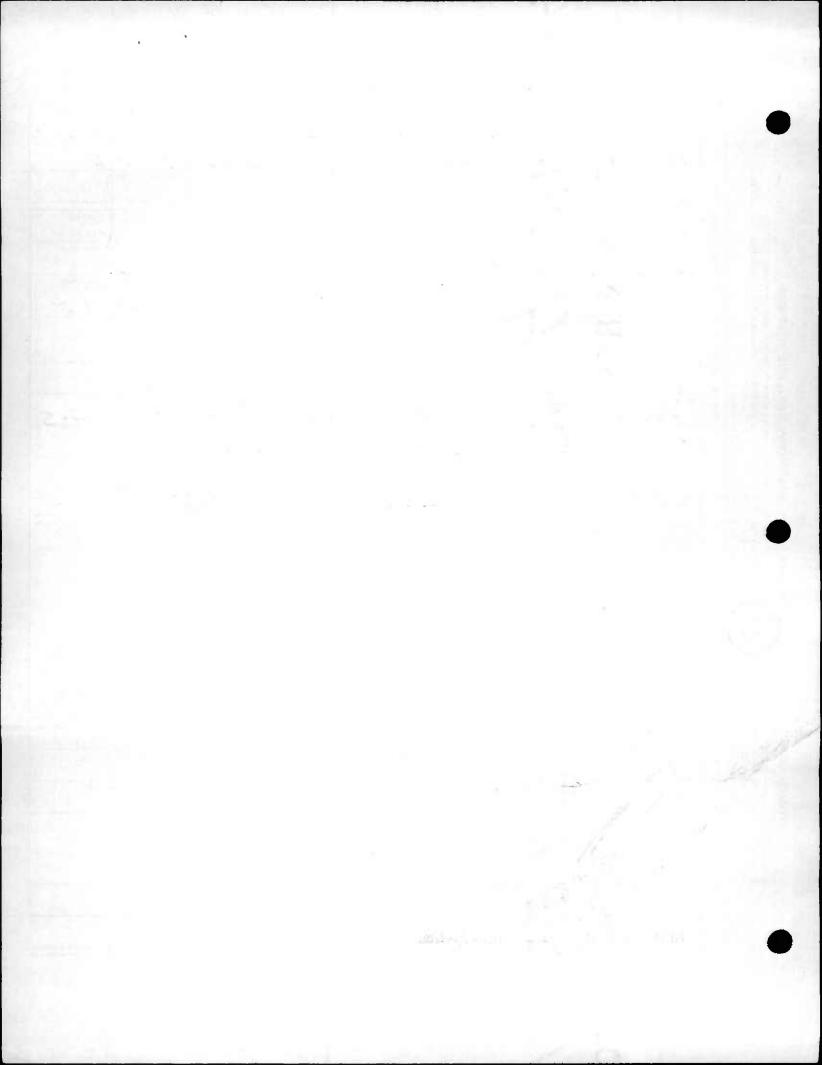
the executed within softours after death, Page 6 may be retained by the hospital or attending physician.

Lan and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should but to burial, cremation, or removal. umatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the form TO THE FUNERAL DIRECTOR: After this certificate has been signed by it be filed within 72 hours after death with the State Dept. of Health and Immediately with the State Dept. of Health and Immediately.

31. DATE FILEO (Month, Day, Year)
APR 26 1991

32. REGISTRAR'S SIGNATURE in Landson-Randell

	1 - STATE REGISTRAR	STATE OF MARY		TIMENT OF		MENTAL HYGIEN		11258
	1. DECEDENT'S NAME (First, Middin, Last)	B	ORNIADO	10	·lec	2. DATE OF OEATH	MY SE	3. TIME OF DEATH
	2 .		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)
- [220-22-6547 1 9e. FACILITY NAME (If not institution, give stree	7 -	2 YRS.	as CITY TOWA	OR LOCATION OF	2-26-	29	V.A.
ا ج	Menty Hos	e dio numbar		98. CITT, 104H	OH LOCATION OF	DEATH	9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40. 00	Y, TOWN OR LOC	TION			Tour management
FUNERAL DIRECTOR	md		10e. Cri	SA A	40 .			10d. INSIDE CITY LIMITS? 1 Fes 2 No
A P	10e. STREET AND NUMBER	111		1	OI. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
	2618 BEKY					05	4.	5.
2	11. MARITAL STATUS 1 Never Married Married	2. WAS DECEDENT EVER FDRCES? 1 YES	NO	If yes, s	pecify Cuban, Mexi	ANIC ORIGIN? (Specify Yelcan, Puerto Rican, etc.)	e or No 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR DR	DATES	1 - YE	S & NO Spe	olly:		Wegno
	15. DECEDENT'S EDUCAT (Specify poly-highest grade co	TION mpleted)	(Give kind of	USUAL OCCUPAT	TON nost of working	16b. KIND OF BU	ISINESS/INDUST	RY
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	TKUL	oo retired.)	river			
5	17. FATHER'S NAME (First, Middle, Last)		, ,	, 4	-	NAME (First, Middle, Maide	n Surname)	
פב	Willia G	iles			COK	1	HKd	<i>'</i> S
5	19a. INFDRMANT'S NAME (Type/Print)	1 -	19b. MAJLING	ADDRESS (Street	and Number or Run	al Route Number, City or To		
-	Kasalie G	1/25	216	18 6	sery!	AVE BA		nd 21205
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramovi 4 Donation 6 Other (Specify)	al from State	DE PLACE OF OISPO	SITION (Name of o	emetery, gramatory of	20c. L	ocation - chy	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME .	AND ADORESS OF	FACILITY		
	BETTS F4	nexal	Home	11	12911	Carol.	200	5
	23. PART I. Enter the diseases, Dr coi ahock, or heert fellure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)	basila	ed the death. Do each lina.	y the	ande of dying, sum bosis		piratory errest,	Approximate Interval Between Onset and Death
EHILLATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		A CONSEQUENCE O				_	
	resulting in death) LAST							
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions linguister fee pailmaker	J Failure denerali	but not resulting	in the underly!	ng couse given	in Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	/	/						
2		HOSPITAL:		OTHER:	PLACE OF DEATH (
2	1 YES 2 NO 1	Inpetient 2 - ER/O	<u> </u>		ome 6 - Residence	28d. OESCRIBE HOW	IN ILIEN OCCUP	50
	1 Netural 5 Pending	(Month, Day, Year			YORK?	Edd. OLGONIDE HOW		
IED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm,	street, factory, of	fice	261. LOCATION (Street City or Town, State	and Number or F	Rurel Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:							nuse(a) and manner as stated.
u l	296. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE P		29d. DATE SI	GNED (Month, Day, Year)
2	111 Kenner	YVD.			11/10	1234	>4/	23/9/
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	11.	n 1-1-		1110



BALTIMORE CONTRACTOR STATES OF THE STATES OF	ter death, Page 6 may were at the hospital or attending physician.	the funeral director, pages are defined for use as the burial-transit permit. Pages 1, 2, 3 should wal.	sk examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may remain the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages and described for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

- STATE REGISTRAR	SIALE OF MAK	YLAND / DEPARTM CERTIFICA	ATE OF DEATH	MENIAL HYGIENE REG. NO.	91 11257
1. DECEDENT'S NAME (First, Middle, Last)	ence (Follado	(d)	2. OATE OF OEATH	YEAR 0855 A
4. SOCIAL SECURITY NUMBER			NO. YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
217-26-0300 9e. FACILITY NAME (If not institution, give a		91 YRS. MON	WWW - 200 100 100 100 100 100 100 100 100 100	FED 04,10	QOO VIRGINIA
S+ Hanes RESIDENCE OF DECEDENT	HOSPi-	-a 96.	BALTIMORE	DEATH	Pc. COUNTY OF DEATH
10e. STATE 10b. COUNT MARYLAND	BALTIMOR		WN OR LOCATION IMORE		10d. INSIDE CITY LIMITS? 1 YES 21 NO
10e. STREET AND NUMBER	BRIDITION	L DALL	101. ZIP CODE	1	10g. CITIZEN OF WHAT COUNTRY?
2 SUMMIT HILL	COURT, APT-	B-1	21228		U.S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	R IN U.S. ARMEO ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YESTEY NO Spec	en, Puerto Ricen, etc.)	
15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSIN	ESS/INDUSTRY
Elementery/Secondery (0-12)	College (1-4 or 5+)		done during most of working ired.)		
6TH GRADE		HOUSEWI		AME (First Mark)	
CHARLES STRICK	LER		MART	AME (First, Middle, Malden Su THA YANCY	
19a. INFORMANT'S NAME (Type/Print) DOROTHY C. GOLL	ADAY		PRESS (Street and Number or Rura Γ HILL COURT, A		State, Zip Code) TIMORE, MD. 21228
20e. METHOD OF DISPOSITION 1 ♥ Burlel 2 □ Cremetion 3 □ Rem 4 □ Donetion 5 □ Other (Specify)		20b. PLACE ANO DATE OF of cemetary, crematory or o	ther pisce)		TION — City or Town, State
21. SIGNATURE_OF FUNERAL SERVICE LIFE		GLEN HAVEN I	MEMORIAL PARK 22. NAME AND ADDRESS OF F		n burnie
/)	Fisher		HUBBARD FUNER		С.
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Rev Due to (on A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): C STEND AS A CONSEQUENCE OF):			
resulting in deeth) LAST	d	/			
PART II. Other algnificant condition	to deal	in but not remulting in tr	e underlying cause given ii	1 D YES 2	EO? AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)	
EXAMINER?	HOSPITAL:		HER: Nursing Home 5 Residence		
27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJU (Month, Day, Ye	RY 28b. TIME OF		28d. DESCRIBE HOW INJ	URY OCCURED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJ building, atc. (URY — At home, farm, atree Specify)		26f. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
anal and			the time, date and place, and do my opinion, death occured at the		er as stated. due to the ceuse(e) and manner ee state
2 MEDICAL EXAMINI					
2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER .		29c. LICENSE N	UMBER 2	29d. DATE SIGNED (Month, Day, Year)
2 MEDICAL EXAMIN	WB HAS	P. F DEATH (ITEM 27) (Type. Prir	et Aans	S Hasfi	29d. DATE SIGNED (Month, Day, Year)
29b. SIGNATURE AND TITLE OF CERTIFIE ASATA ST. A.	WB HAS	es Hard 90	et Aans	BAUT, MUSS.	>



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION CENTRAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING With the control of the death certificate be executed within 23-frous state death. Page 6 may be retained by the host TO THE FUNESTAL DIRECTOR. After the control of the complete of the control of the co	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DECEDENTIC NAME (Circ	Adjulation (most)		- 0.		OAIL	OI.	DLA.	113		TEG. NO.			
1. DECEDENT'S NAME (First, HATTIE	Middle, Last)		SOMERVI:	וו ישוו	וא דד ו	ev			2. DATE OF MONTH	DEATH DA	W C	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	ER	1	6. AGE (In yrs. las	- 7	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF	BIRTH	4	A BIRTHI	PLACE (State or Foreign
		1 - M 2 XX	55		MONTHS	DAYS	HOURS	MIN.	(Month, Di	ny, Year)	026	Country	
239-54-7			55		9b. CITY.	TOWN C	OR LOCATIO	ON OF DE		17 1	936	N.	Carolina
-22/2/07/10/10/19/2		AL HOSPITA	١T				ORE C						
RESIDENCE OF DEC		HI HOSELIA	7.0		DALI.	TIM	JIE C	. T T T					
IOe. STATE	10b. COUNT	Y		10c. CITY	, TOWN OF	LOCAT	TION						10d. INSIDE CITY LIMITS?
Maryland				Ba1	time								1 X YES 2 NO
IOO. STREET AND NUMBER						101	, ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
2735 Gwyn	ns Fa	7						.216			U.		
1. MARITAL STATUS Never Married 2 X	Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED NO	13. W	AS DEC	ENDENT O	F HISPAI n, Maxica	NIC ORIGIN? (S an, Puerto Rice	Specify Yea in, atc.)	or No—	14. RACE Black	- American indian, White, atc.
☐ Widowed 4 ☐ Divo		IF YES, GIVE W	R OR DATES		1	YES	2 NO	Specif	fy:			Specif	
15. DEC	EDENT'S EDU	JCATION	18a. Di	CEDENT'S	USUAL OC	CUPATIO	ON		16b, KI	ND OF BUS	SINESS/IN	OUSTRY	Black
(Specify onl) Elementary/Secondary (0	highest grade	completed) College (1-4 or 5 +)	116	live kind of w . Do NOT us	rork done di e retired.)	uring mo	st of working	g					
Electronian y cocontain y (o	1	College		ense	d P	rac	t. N	Jura	se Ro	sewo	od	Stat	e Hosp C
7. FATHER'S NAME (First, M	iddle, Last)								AME (First, Midd				-
Robert Le	e Sor	merville					Maı	cy I	L. Hic	cks			
9a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING	ADDRESS	(Street a	and Number	or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
James M.	Haile	ey	2	735	Gwy	nns	Fal	Lls	Pkwy	Ba1	time	ore,	MD 2121
0e. METHOD OF DISPOSITI	ION	noused forms Strate		AND DATE			(Name	16.	DATE	20c. LO	CATION -	City or To	vn, Stata
☐ Donation 5 ☐ Other	(Specify)		Druid	Ric	apf	Cen	nete:	ry	4/27	Ba1	tim	ore	County,
1. SIGNATURE OF FUNERA	L SERVICE LI	CENSUL			22. N	AME A	ND ADDRES	SS OF FA	Nu Nu	tter	Fu	nera	1 Homes,
NA F	5	3.000	b/		25	01	Gwy	nns	Fall Maryl	s pa	rkw	ay 216	
Sequantially list condition if any, leading to immecause. Entar UNDERLYI CAUSE (Disease or injuitated evente resulting in daath) LAS	diate ING Iry	a Gas	OR AS A CONSE	CAC	en								
PART II. Other algnifice	ent condition	d	death but not	resulting i	n the un	deriyin	g cause	given in		le. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH (C	heck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER A Num	:			6 Other (S	Spanifich			
7. MANNER OF DEATH	Pending	28a. DATE OF (Month, De	INJURY	28b. TIM		28c. IN.	JURY AT ORK?		28d. DESCR		INJURY O	CCURED	
3 Suicide 8	Could not be determined	28e. PLACE OF	INJURY — At h	ome, ferm, s	street, facto				28f. LOCATI City or	ON (Street Town, State)	and Number	er or Rural F	loute Number,
9a. CERTIFIER (Check only	FIFYING PHYSICAL EXAMIN	10 t	amination and/or	Investigation	n, In my o		death occu		a tima, data ar		nd due to	the cause(a) and manner as stated (Month, Day, Year)
	01	HO COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)	11							

WITH THE PERSON

PARTIES TOTAL SO MINIST

· 1071

198 20 391 July 198 02 394

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND	MENTAL HYGIENE REG. NO.	31	1201
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		. TIME OF DEATH
CHARLES	WTLLTAM		HAHN	MONTH DAY	YEAR	1 15 D M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHP	ACE (State or Foreign
161-20-8617	1 🖾 M 2 🗆 F 64	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 8-29-26	Country)	nsvlvania
9a. FACILITY NAME (If not institution, give :	street and number)	9b. CF	TY, TOWN OR LOCATION OF I		c. COUNTY OF DE	
613 CRANBROOK R	OAD	co	CKEYSVILLE		BALTIMO	RE COUNTY
10e. STATE 10b. COUNT	Υ	10c, CITY, TOWN	OR LOCATION			led. INSIDE CITY
MD Ba	ltimore	Cooks	vsville			LIMITS?
10e. STREET AND NUMBER	TETIMOTE	I GOCKE	10f. ZIP CODE	10	g. CITIZEN OF WH	21
613 Apt. F. C	ranbrook Rd.		21030		Usa	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A		3. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yea or		– American Indian, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW TT]NO	If yes, specify Cuban, Maxie 1 ☐ YES 2 ☐ NO Speci		Specify	
15. DECEDENT'S EDU	ICATION 16a. D	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINE		ite
(Specify only highest grade	e completed) (Give kind of work don fe. Do NOT use retired	e during most of working	TOOL KIND OF BOSINE	337111037111	
Elementary/Secondary (0-12)	College (1-4 or 5+)			TTo not in	-1	
12 17. FATHER'S NAME (First, Middle, Last)	4F	Electrica	1 Engineer	Westin AME (First, Middle, Maiden Sun		
			16. MOTHER'S N	AME (First, Middle, Malden Sun	name)	
Merril W. Hahn				I. Barnes		
	[1			I Route Number, City or Town, S	tate, Zip Code)	
Kenneth Hahn		17 Lomon	d Ct. Balto	MD 21237		
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☑ Cremation 3 ☐ Ran		E AND DATE OF DIS		DATE 20c. LOCAT	ION — City or Tow	n, Siete
4 Donation 5 Other (Specify)	Metr	o Cremat	orv	4-25-91 Ca	tonevill	o MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		2. NAME AND ADDRESS OF F	ACILITY		Cy-11D
De la la la la la la la la la la la la la	11/1/			le Funeral H	ome	
23. PART I. Enter the diseases, or	/ NOO /		1211 Chesaco			1.
shock, or heart failure.	List only one cause on sech life	ne.	er the mode of dying, at	on an cardiac or respiret	ory arrest,	Approximete Interval Batween
IMMEDIATE CAUSE (Fine)	Λ	(1	, 0	1777		Onset and Death
reaulting in death)	· Maroscle	1 sylon	reat 23	(ass		
	DUE TO (OR AS A CONS	EOUENCE OF):				
Sequentially list conditions,	b					
if any, leeding to immediate	DUE TO (OR AS A CONS	EOUENCE OF):				
CAUSE (Disease or Injury	c					
that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):				
resulting in death) LAST	d					
PART II. Other algnificent conditio	ne contribution to death but not	annuities in the	underlijen eeuse eliine l	n Pert I. 24a, WAS AN AU	manay Law .	WERE AUTOPSY FINDINGS
PART II. Ottler algimicent condition	na contributing to deeth but not	reauting in the	underlying cause given i	PERFORME	D?	WAILABLE PRIOR TO
				1 X YES 2 [110	COMPLETION OF CAUSE OF DEATH?
				- Um		YES 2 NO
				TICTIC	524	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 N	ER: lursing Home 5 🔯 Residence	B ☐ Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJU	JRY OCCURED	
1 Netural 5 Pending	(Month, Day, Year)	INJURY M	WORK?			*
2 Accident investigation	28s. PLACE OF INJURY — At I	home form street f		281, LOCATION (Street and	Mumber or Burnt Bo	uto Mumbas
3 Suicide 8 Could not be 4 Homicide detarmined	building, atc. (Specify)	itorio, mini, orient, i	actory, office	City or Town, State)	Number of Hurai No	ote Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my knowledge,	death occurred at th	e time, data and place, and d	ue to the cause(a) and manne	r as stated.	
one) ** MEDICAL EXAMIN	ER: On the basis of examination and/o	or investigation, in m	y opinion, death occured at 1	ne time, data and place, and d	lue to the cause(e)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	ER .		29c. LICENSE N	UMBER 2	9d. DATE SIGNED (Month, Day, Year)
Ans	TWO			and the		
	/ /		O.C.M.	E.	04/23	/91
30. NAME AND ADDRESS OF PERSON W	HO-BOMPLETED CALISE OF DEATH IN					
30. NAME AND ADDRESS OF PERSONLY	HO SOMPLETED CAUSE OF DEATH (1)					
A.M.	8 IXON	111 PEI	NN STREET RA	LTIMORE MARY	LAND 212	02
31. DATE FILED (Month, Day, Year) APR 26 1991	() 11 - 1	111 PE	NN STREET BA	LTIMORE, MARY	LAND 212	02

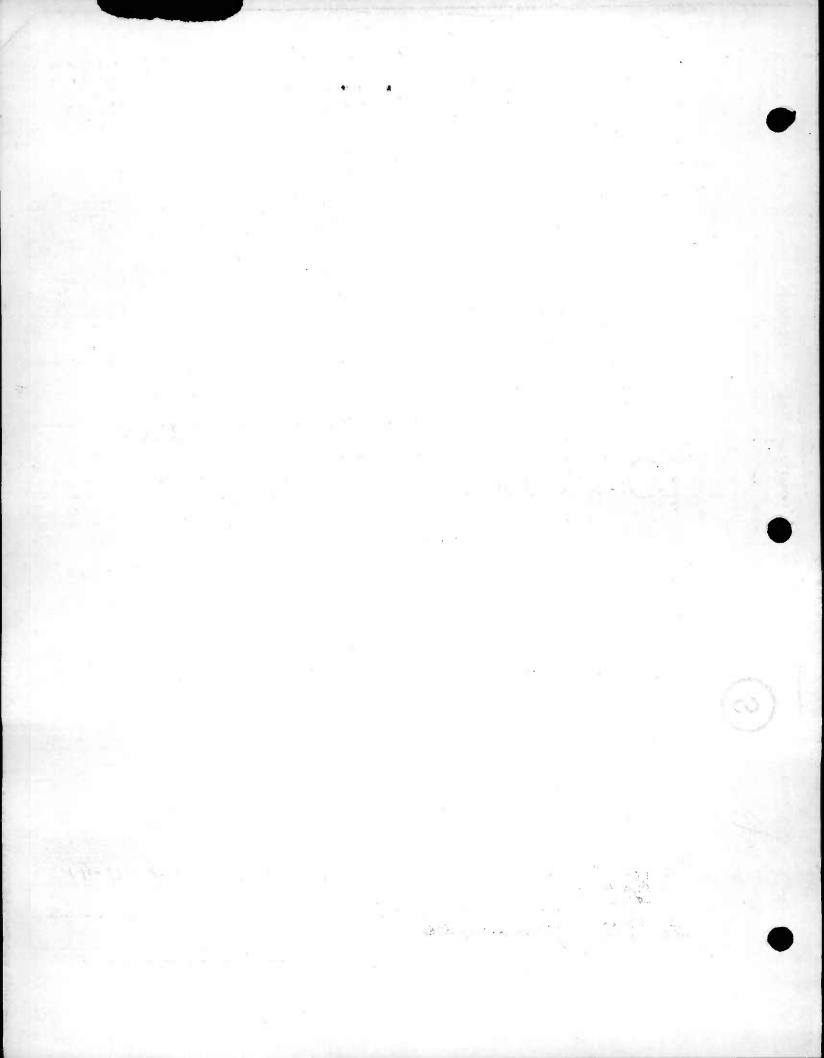
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Mapage - Col 17 July

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er death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certifical frame and by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be out to burial transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	i examiner must be notified at once.	CONTRACTOR OF CAMPACATOR
AL OR ATTENDING PHYSICIAN TO THE MENT THE GRAIT Certificate be executed within 2. Hours after death. Page 6 may be retained by the hospital or attending physician.	L OIRECTOR: After this certificat has a second by the attending physician and completely filled in by a bours after death with the Sater December of the and Mental Hygiene prior to burial, cremation, or remo	f Item 28 is marked, or line 22 commany Injury, or other traumatic event, the medical examiner must be notified at once.	DI ETEN DV DUVOICIAN MEDICAL CEDTICIONAL

		FOR 1 - STATE REGISTRAR	STATE OF	MARYL			RTMEN				MENTA	L HYGIEN		- Indiana	1262
		1. DECEDENT'S NAME (First, Middle, Las WILLIAM HEROLD	() C-m								2. DATE	OF DEATN DV		EAR	5:30P M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UND	ER 24 MRS.	7. DATE	OF BIRTN		BIRTNPLA	CE (State or Foreign
		220-05-1752	1 😾 M 2 🗆 F	69)	YRS.	MONTHS	DAYS	HOURE	MIN.		h, Day, Year)		Country)	
	ı	9a. FACILITY NAME (If not institution, give					9b. CITY	, TOWN	OR LOCA	TION OF D		-1-/1	9c. COUNT		Н
DIRECTOR		Perry Point V.	A. Hospit	al			P	erry	vil	le			CEC	CIL	
H H		10a. STATE 10b. COUR	ПУ			10c. C/1	ry, town (OR LOCA	TION					10	d. INSIDE CITY LIMITS?
	- 16	MD				I	Balti	more	e Ci	ty				1	X YES 2 NO
Z Z		10e. STREET AND NUMBER						10	f. ZIP CO	DE			10g. CITtZE	N OF WHA	T COUNTRY?
FUNERAL	1	723 N. Curle							212				USA		
5		11. MARITAL STATUS 1 Never Married 2 Narried	12. WAS DECEDED	YYES	2 N			If yes, sp	ecify Cui	en, Mexic	an, Puarto	N? (Specify Yes Rican, etc.)	or No 14	Black, W	American Indian, hita, atc.
B		3 Widowed 4 Divorced	IF YES, GIVE	d no haw WW				1 TYES	2 X N	O Speci	ty:			Specify:	
G	- 11	15. DECEDENT'S E		7777	16a. DE		USUAL O				161	. KIND OF BU	SINESS/INDUS	Whi	te
	1	(Specify only highest gra Elementary/Secondary (0-12)	Collage (1-4 or 5	+)	Mo.	Do NOT u	work done se retired.)	during mo	ost of worl	king					
A P		12	1	_	Sur	erir	tend	ent			Re	thlehe	m Stee	I Sh	ip Yard
once. COMPL		17. FATNER'S NAME (First, Middle, Last)							18. MO	THER'S N		Middle, Malden			
ed at		George Herold								Clara	Eig	ner			
TO E	1	19s. INFORMANT'S NAME (Type/Print)			198	b. MAILING	ADDRES	S (Street I	nnd Numb	er or Rural	Route Num	ber, City or Tow	n, State, Zip Co	ode)	
9		Eldivia C. Hero	ld									MD 2	1205		
net	ı	20a. METNOD OF DISPOSITION 1X Burlal 2 ☐ Cremation 3 ☐ Re	movat from State	200	other ple	OF DISPO	SITION (NE	ame of cei	metery, cri	ematory or		20c. LO	CATION - CIt	y or Town,	State
E	1	4 Donation 5 Other (Specify)	LOCKIOCE		0	ak I	awn	Ceme	ter	7		В	altimo	re,	MD
Ē	1	21. BIONAI DIE OFFUNERAL SERVICE	C / N	1 2	/					ESS OF FA		uneral	Uomo		
ежа	1	L legisco	S. Kell	~				1211	Che	esaco	Ave	· unerar	поше		
went, the medic		23. PART I. Entar the diseases, o shock, or heart feitur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Broncho	trise on e	eumoi	nia		the mo	ode of d	ying, suc	ch as cer	diec or reapi	iretory arres	t,	Approximate Interval Between Onset and Death
njury, or other traumatic event, the medical examiner must be notified at once. I. CERTIFICATION TO BE COM		Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	OR AS											
MEDICAL C		Alzheimer's Der		death t	out not r	eauiting	in tha ur	nderlyin	g cause	given in	Part I.	24s. WAS AN PERFOR 1 TYES 2	RMED?	AW CC OF	ALLABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 X NO
A JA		25. WAS CASE REFERRED TO MEDICAL								DE 4741 101					
-		EXAMINER?	HOSPITAL:	O 5000		□=c:	OTHE	R:			heck only o				
PHYS	ı	27. MANNER OF DEATH	1 X Inputient 2		patient 3	28b, TII			JURY AT	Residence		or (Specify)	N HIBY OCCU	DED.	
The G		1 Natural 5 Pending	(Month,	Day, Year)			JURY	1	DRK?	□ NO	240. DE	JUNIDE HOW I	NOONT OCCO	HED	
ВУ ВУ	-	2 Accident Investigatio	28s. PLACE	OF INJURY	/ — At ho	me, farm.	street, fac				28f, LO	CATION (Street	and Number or	Rural Rout	a Number
TED BY PHYSIC		4 Nomicide 6 Could not be determined	• building	, atc. (Spe	clfy)							or Town, State)			
MPORTANT: If Item 2 O BE COMPLET		29a. CERTIFIER (Check only one) 1 CERTIFYING PN 2 MEDICAL EXAMI	YSICIAN: To the best of NER: On the basis of												d manner as stated.
E C		29M SIGNATURE AND TITLE OF CERTIF	IER /	_					29c. LI	CENSE NU	MBER	-	29d. DATE	IGNED (M	onth, Day, Year)
E 0		Hillera A.	Lange	1					NY	1510)94-I		>4.	-2.4	1-9)
1 2		30. NAME AND ADDRESS OF PERSON OF MELICIA SANTOS 1						219	02						
1		31. OATE FILED (Month, Day, Year)	32. BEGISTA					21)	V-						
	I	APR 26 1991	1 was Davido	on-19	molelli	4									



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFI	CATE O	F DEATH		REG. NO				
1. OFCEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		VEAD	3. TIME OF DE	ATH
, Delia M. Henning	>				04	3	"3	9/	40	S A M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF	BIRTH		8. BIRTH	HPLACE (State or	Foreign
492-36-4005	1 - M 2 - F 8	YRS.	MONTHS DAY	S HOURS MIN.	Jan.	2, 1	907		reland	
9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	N OR LOCATION OF D			9c. COL	JNTY OF D	DEATH	
. Jenkins Memorial			Ba	ltimore						
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40- 0174	TOWN OR LO	0.7701					Luciana	
									10d, INSIDE C	
Md. Howa	ru	E L	kridge	101. ZIP COOE			40017	NACH OF I	1 X YES 2	
	:00%/			21227				USA	WHAT COUNTRY	*
6011 Virlona Aver	12. WAS DECEDENT EVER IN	III S ADMED	12 140 0	DECENOENT OF HISPA	NIC OBICINO (Canalin Va			E desides to	ell a m
1 Never Merried 2 X Merried	FORCES? 1 YES	2 NO	If yes	specify Cuben, Mexico	in, Puerto Rice		or No-		E — American in k, White, stc.	raien,
3 Widowed 4 Divorced	IF TES, GIVE HAR OR DE	(125	''''	YES 2 T NO Specif	у:			Spec	white	
15. DECEOENT'S EDUC (Specify only highest grade	ATION	16a. OECEDENT'S L	SUAL OCCUP	ATION	18b, KI	ND OF BU	SINESS/IN	DUSTRY	_	
Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	most of working						
8th		Home	maker		Ow	m Ho	me			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)			
Thomas Gilligan				Catheri	ne McI	lugh				
19e. INFORMANT'S NAME (Type/Print)				et and Number or Rural						
Oswald Henning				a Avenue,	Elkric	ige,	Md.	212	27	
20e. METHOD OF DISPOSITION 1 Description 3 Remove	wel from State	Offier Disce)		cemetery, cramatory or				- City or To		
4 Donetion 5 Other Specify	Me	eadowride		orial Park		Elk	ride	e, M	aryland	1
21. SIGNATURE OF PUNCHAL SERVICE LIC	DISENT L		22. NAMI	L. Kaufn	CILITY	ר מור מו	How	10		
Law	L. Lout	many		Main Str					2122	7
23. PART I. Entar tha disesse, or c	omplications that caused	the death. Do no							Approx	
shock, or haart fallere.	List only ona cause on se	ach lina.	-100 000 000						intarval	Batwaan nd Daath
IMMEDIATE CAUSE (Final disesse or condition	Parisa								Onsaci	no vaam
resulting in dasth)	DUE TO (OR AS A	CONSEQUENCE OF):						20	ays
	,		,-						İ	0
Sequantially list conditions, if any, laading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):							
cause. Entar UNDERLYING										
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
reaulting in death) LAST	s									
PART II. Other significant condition	s contributing to death b	ut not resulting in	the under	vina cause alvan in	Part i 24	Ia. WAS AN	AUTOBEV	241	b. WERE AUTOPS	EINDINGS
01.5	orressu					PERFO	RMED?		AVAILABLE PRIC	OR TO
Ovronce pl	o yassu	deme			1	YES :	NO M		OF DEATH?	CAUSE
					—				1 YES 2 [□ NO
25. WAS CASE REFERRED TO MEDICAL			-	DI AGE OF DESTRICT						
EXAMINER?	HOSPITAL:		OTHER:	D. PLACE OF DEATH (CI						
1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atient 3 DOA 28b. TIME		Home 5 - Reeldence	8 Other (S		IN HIRW C	CHEE		
1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY	WORK?	280. UEŞCH	IIDE HUW	INJUNY O	COMED		
2 Accident Investigation	28e. PLACE OF INJURY	— At home term of			201 100471	ON (Ctores)	and Month		Route Number,	
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	cify)	weer, wotory, (21110	City or	Town, State)	n or mural	moute reamber,	
29e. CERTIFIER	_1									_
CERTIFTING PHYSI	CIAN: To the best of my know									
11	R: On the besie of examination	n end/or investigation	n, in my opinio	n, death occured at the	time, date en	d place, e	nd due to	the ceuse(e) end menner e	e stated.
294 RIGNATURE AND TITLE OF CERTIFIE	000		-	29c. LICENSE NU	MBER				O (Month, Day, Ye	ar)
Jamena (LaxVae	grus		DO /	186		2	1-2		
NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print)		1.				1.	
LAURENCE K. GAU	O COMPLETED CAUSE OF DE	STAGNES	MEDG	TR, WILKE	ZNI/PIN	Eltr:	5, BA	LTD	Mo 212	29
31: DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		/						,
APR ZO 1991 9W	in wardson-Hand	dies.								

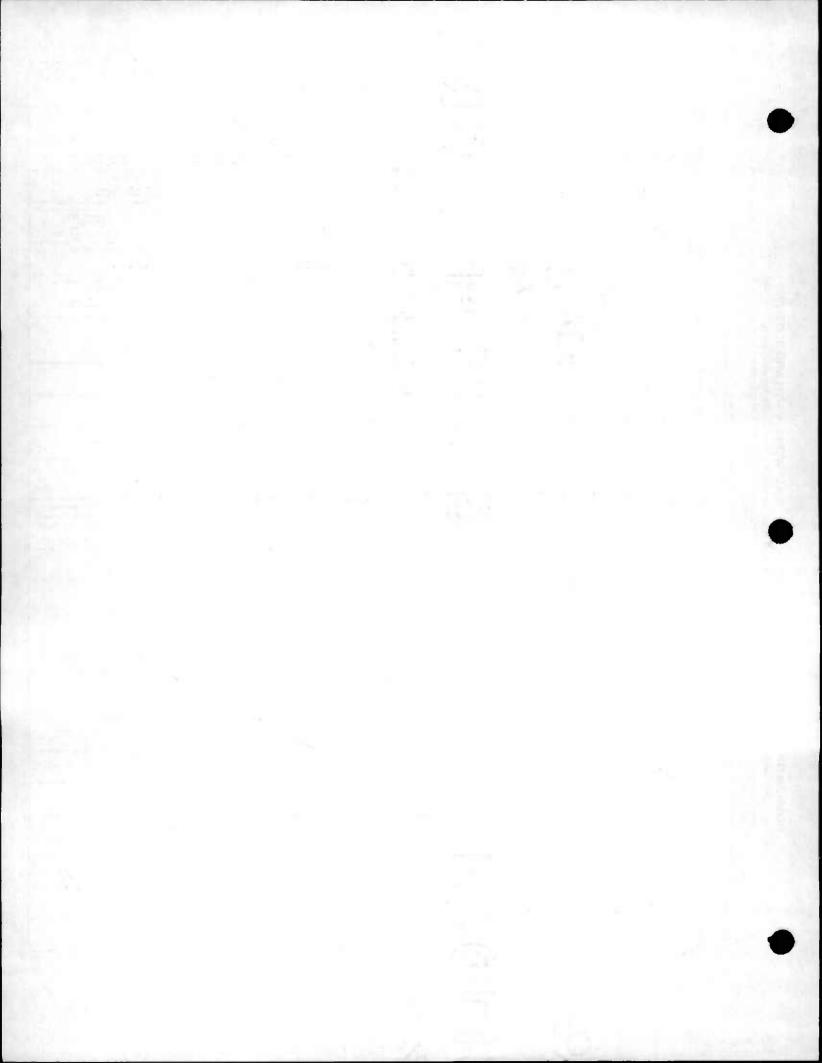
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC				HYGIENE REG. NO.	
	1. DECEDENT'S NAMO (First, Middle, Last)	E A GEORGE	HUBA			2. DATE OF		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (//	in yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH 0.1	BIRTHPLACE (State or Foreign Country)
	212-26-0076	15 M 2 □ F 63	YRS.	NTHS DAYS	HOURS MIN.	Jan.1		aryland
	Se. FACILITY NAME (If not institution, give s		/ _ / 9b	-	R LOCATION OF DE	ATH	9c. COUNTY	
5	ST JOSEPH RESIDENCE OF DECEDENT	Hospin	ML	100	NOSW		PA	LTIMORE
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY
5	Maryland Bal	timore	Ph	oenix				LIMITS? 1 YES 2 NO
¥	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	13531 Jarrettsvi				21131	_	U.S	
5	11. MARITAL STATUS 1 Never Married 2X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yea, spe	city Cuban, Mexican	n, Puerto Rice	Specify Yes or No— 14. an, atc.)	RACE — American Indian, Black, White, atc.
	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES	2 XNO Specify	r.	W	Specify: hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	16a. DECEDENT'S USU	JAL OCCUPATIO	N et of working	16b. KI	ND OF BUSINESS/INDUST	
9	Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of work life. Do NOT use re			- 1		40
₩ P	12	9	English	Profess				ity College
8	17. FATHER'S NAME (First, Middle, Lest) George Alfred Hul	bbard Cr		7.			dia, Maiden Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	Daid, St.	19h MAN ING AD	ORESS (Street at	Marie (City or Town, State, Zip Co.	ria)
2	Penney F. Hubbard	đ	Same a		A Parison of Faller	socie riumba,	ony or rown, state, up our	ue)
	20a, METHOD OF DISPOSITION	// 20b	PLACE AND DATE OF	DISPOSITION	(Name	OATE	20c. LOCATION City	or Town, Stata
	1 Donation 5 Other (Specify)	Gr.	een Mount	Cremat	ory	4/25/9	Balto.,	Md.
	21. SIGNATURE OF PUNERAL SERVICE LI	CEMBER /		22. NAME AN	TOWERD I	CILITY	1 Home, Inc	
	> xmald (.)	Schash St	_				son, Md. 2	
	23. PART I. Enter the diseases, or	compilcations that caused Liet only one cause on ea	the deeth. Do not					, Approximete
	IMMEDIATE CAUSE (Finel	/						Interval Between Onset and Death
	disease or condition reaulting in deeth)	e. CARDIO NE DUE TO (OR AS A	SPIVATOO	KY A	REST	-		
		DUE TO (OR AS A b. METAS 774)	CONSEQUENCE OF):	1000		0 -		
ON	Sequentially list conditions,	b. PIE / /7) //+/	CONSEQUENCE OF);	uctin	11 CM	* CIM	DAY.	
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING		,					
Ĭ.	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
ERT	resulting in death) LAST	d						
	PART II. Other significant condition	na contributing to deeth b	ut not resulting in t	ha underlying	cause given in	Part i, 2	Ia. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	DEHYDKATIO			-11(0)(0)0	COOK SOME		PERFORMED?	AVAILABLE PRIDR TO COMPLETION DF CAUSE
						— I.	YES 2 JANO	OF DEATH? 1 ☐ YES 2 NHO
PHYSICIAN: MEDI								
SIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCELYAL			ACE OF OEATH (Ch	eck only one)		l
YSI	1 TES 2 TO NO	HOSPITAL: 1 Inpatiant 2 ER/Outp		THER: Nursing Home	5 🗆 Residence	8 🗆 Other (5	Specify)	
F	27, MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RK?	28d. DESCF	RIBE HOW INJURY OCCUR	ED
B≺	2 Accident Investigation	10/1	M		ES 2 NO		PIT.	
ED	3 Suicide 8 Could not be 4 Homicide detarmined	26a, PLACE OF INJURY building, atc. (Spec	- At home, farm, stre	et, factory, office			ON (Street and Number or Town, State)	Rural Route Number,
COMPLETED	29a, CERTIFIER			North Inc.	207 0		INT.	
MP	age)	SICIAN: To the best of my knowl ER: On the basis of examination						euee/e) and manner as eleted
	29b. SIGNATURE, AND TITLE OF CERTIFIE							
BE					D Z V			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)	- 1		12. 11101	VKD
	EDYAMDO P	NO COMPLETED CAUSE OF DE	D. 15t.	Jostpi	+ 1 tos)	0, 7	owson.	TD 2/2011.
	31, DATE FRIED (Month, Day, Year)	32. HEGISTHAR'S SIGN	ATURE	-	-			
	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	A.C. Karudrum	STORY THE PERSON					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF M					EALTH AND I		YGIENE	E		0 0		
	1. DECEDENT'S NAME (First, Middle, Leat) George	R. He	pburn				m ly	2. DATE OF API'II	OEATH DAY	199	l YEAR	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	1, Year)	22.4	Count	HPLACE (State or Foreign		
į	216-03-2252 9e. FACILITY NAME (If not institution, give si	1 🔀 M 2 🗆 F	- / /	YRS.	01.077	701471			1, 15		NTY OF D	äryland		
Œ	5 Riderwood Sta	20 2 - 110 22			90. CITY	, IOWN C	TOWSON	EAIN						
6	RESIDENCE OF DECEDENT	acton		-			10%5011			Baltimore				
RE	10a. STATE 10b. COUNTY			10c. CI	TY, TOWN (10d. INSIDE CITY LIMITS?		
ੵ	Maryland Balt	cimore			Coc		ville					1 YES 2 NO		
RA	4 H Honeybee (Court				- 1	21030			_	U.S.	WHAT COUNTRY?		
FUNERAL DIRECTOR	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. ARM	4ED	13.		ENDENT OF NISPA	NIC ORIGIN? (5	Specify Yes			E American Indian,		
BY FL	1 Never Merried 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2-100	0	_	it yes, sp	ecify Cuben, Mexica 2 NO Specifi	in, Puerto Rica			Spec	k, White, etc.		
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	S USUAL O	CCUPATIO	ON at of worlded	16b. KI	ND OF BUS	INESS/INI	DUSTRY			
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +	.)		andis		at of working	Mo	ntgor	merv	War	đ		
MP	12		110		anar							-		
	17. FATNER'S NAME (First, Middle, Last) George Leo	Hepbu	ırn				16. MOTHER'S NA Marth		Richi					
BE	19e. INFORMANT'S NAME (Type/Print)	-		. MAILIN	G ADDRES	S (Street e	nd Number or Rural	Route Number.	City or Town	n. State. Zh	Code)			
2	Frances Hepburn				e As									
	20e. METNOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A					-91	20c. LOC Pal	rkvi	city or To	own, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					ND ADDRESS OF FA							
	> Wallace	S.B.	robs.	1			Towson F York Roa					0.4		
NO	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DOE TO	(OR AS A CONSEO	LA DUENCE C	OF):	2	Sari	con	ra			Interval Between Onset and Death # Mos		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSEO		·									
PHYSICIAN: MEDICAL (PART II. Other significant condition	ns contributing to	death but not re						PERFOR	MEO?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P	LACE OF DEATH (OF	leck only one)						
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		ne 5 Thesidence	6 🗆 Other (S	Specify)					
ВУ РН	27. MANNER OF DEATN 1 Debum 5 Pending Investigation	26e. DATE OF (Month, D	INJURY Pay, Year)	28b. TI	ME OF IJURY M	W	URY AT DRK? YES 2 NO	28d. OESCR	NBE NOW IF	NJURY OC	CURED			
	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	me, farm,	, street, fac	tory, offic	•		ON (Street e Town, State)	and Numbe	or Aural	Route Number,		
COMPLETED	tonion only	ICIAN: To the best of ER: On the basic of a										(e) end menner ee stated.		
TO BE C	296. SIGNATURE AND LITLE OF CERTIFIE	Ms	nip.				29c LICENSE NU	MBER 4		29d. DAT	TE SIGNE	22 91		
_	30. NAME AND ADDRESS OF PERSON WITH C. DOWNS	M.D. :	120 Sist	er I	Pierr	e Dr	rive, Tow	son, l	Md. 2	1204	1/	p		
	31. DATE PLED (Morith, Day, Year) APR 2 6 199	32. REGISTRA	AR'S SIGNATURE	indal	2									
	101.0	- 0								_	_	DHMN-16 Rev 1/89		



1. DECEOENT'S NAME (First, Middle, Las	nt)	*		1		2. DATE O	F DEATN DAY	YE	AB	3. TIME OF DEATN
Robert	Clifton		Johnso	n .		04	19	199	911	5:08
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. last	MON	THE DAYS	IF UNDER 24 HRS.	7. DATE O (Month,	F BIRTN Day, Your)	8.1	BIRTNP Country)	LACE (State or Foreign
216-52-7703	1 X M 2 □ F	41	YRS.				04-49			MD
9a. FACILITY NAME (If not institution, give				LA	OR LOCATION OF DE	ATN		BC COUNTY	OF DE	GEORGE'S
Greater Beltsvil	le-Laurel	Hospita	1	-Beli	teville			Mont	ome	ery
10a. STATE 10b. COU			10c. CITY, TO	WN OR LOCAT	TION					10d. INSIDE CITY LIMITS?
MD B	ALTIMORE		JES:	SUP						1 TES 2 NO
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZEN	OF WI	NAT COUNTRY?
8450 DORSE	Y RUN RO				20794			U:	SA	
11. MARITAL STATUS 1X Never Married 2 Merried	12. WAS DECEDEN	NT EVER IN U.S. ARM I X YES 2 NO MAR OR DATES	ED)		ENDENT OF NISPAN ecify Cuben, Mexica			or No- 14.	RACE -	- American Indien, While, etc.
3 Widowed 4 Divorced	IF YES, GIVE Y				2 NO Specify				Specify	
15. DECEDENT'S E	DUCATION	ARMY	EDENT'S LISU	AL OCCUPATION	ON	165	KIND OF BUSI	INESS/INDLIST	rev	BLACK
(Specify only highest graves (0-12)	college (1-4 or 5	(Giv	e kind of work of NOT use ret	done durina mo	ost of working	1.00.	idile of book			
10th	College (I-4 di 5	UN	EMPLO	YED						
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, M	iddle, Maiden S	Surname)		
ROBERT JOHN	SON				JULI	A G	ORDON			
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ACE	RESS (Street o	and Number or Rural i				de)	
RICKY JOHN	SON	P	.O. E	OX 3	95. SYK	ESVI	LLE.	MD.	217	84
20e. METNOD OF DISPOSITION	amount from State			OISPOSITION	(Name	DATE	20c. LOC	ATION — City	or Tow	rn, State
4 Donallon 5 Other (Specify)	emoval from State	_ °GARR	ISON	FORES	ST VET.	CEM	OWI	NGS I	MIL	LS. MD
21. SIGNATURE OF FUNERAL SERVICE	LICENCET									
	LICENSEE			22. NAME A	NO ADDRESS OF FA	CILITY				
23. PART i. Enter the disasses, shock, or heart failur iMMEDIATE CAUSE (Final disesse or condition	or complications the	use on each iina.		MAR (CH FUNE	RAL hes cerdi	ec or respir	etory arreat	,	Approximata interval Betw Onset and D
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	or complications there. List only one certain	et caused the desuse on each line.	VE	MAR (CH FUNE	RAL hes cerdi	ec or respir	etory arreat	,	Approximata interval Betw Onset and D
shock, or heart failure immediate cause (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate	or complications there. List only one certain DUE TO	use on each lina.	VE UENCE OF):	MAR (CH FUNE	RAL hes cerdi	ec or respir	etory arreat	,	Approximata interval Betw Onset and D
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions,	a. HYPE DUE TO DUE TO	USE ON EACH SING. O (OR AS A CONSECUTION OF AS	VE UENCE OF): UENCE OF):	MAR (CH FUNE	RAL hes cerdi	ec or respir	etory arreat	,	Approximata interval Betw Onset and D
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shock, or heart failure immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated avents	a. HYPE DUE TO DUE TO DUE TO d.	USE ON EACH SING. O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	UENCE OF): UENCE OF):	MAR (CH FUNE ode of dying, suc	RAL hescerdi	CC OF respir	Petory arrest	24b.	Approximata interval Betwood Onset and Discourage of the Conset and Discourage of the Conset and Discourage of the Conset and Discourage of the Conset and Discourage of the Conset and Discourage of the Conset and Discour
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to entering the Confidence of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

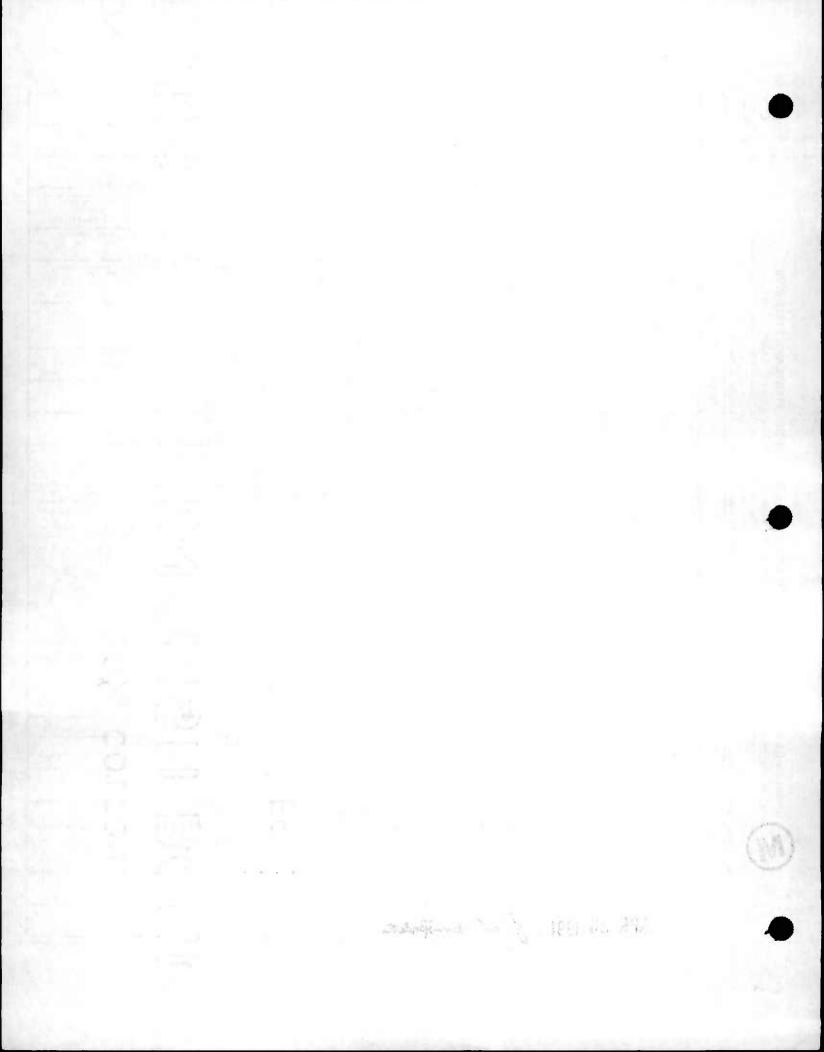
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMN-16 Rev 1/89



P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

and certificate be executed within 2-1001 after death. Page 6 may be retained by the hospital or attending physician.

mending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL REP

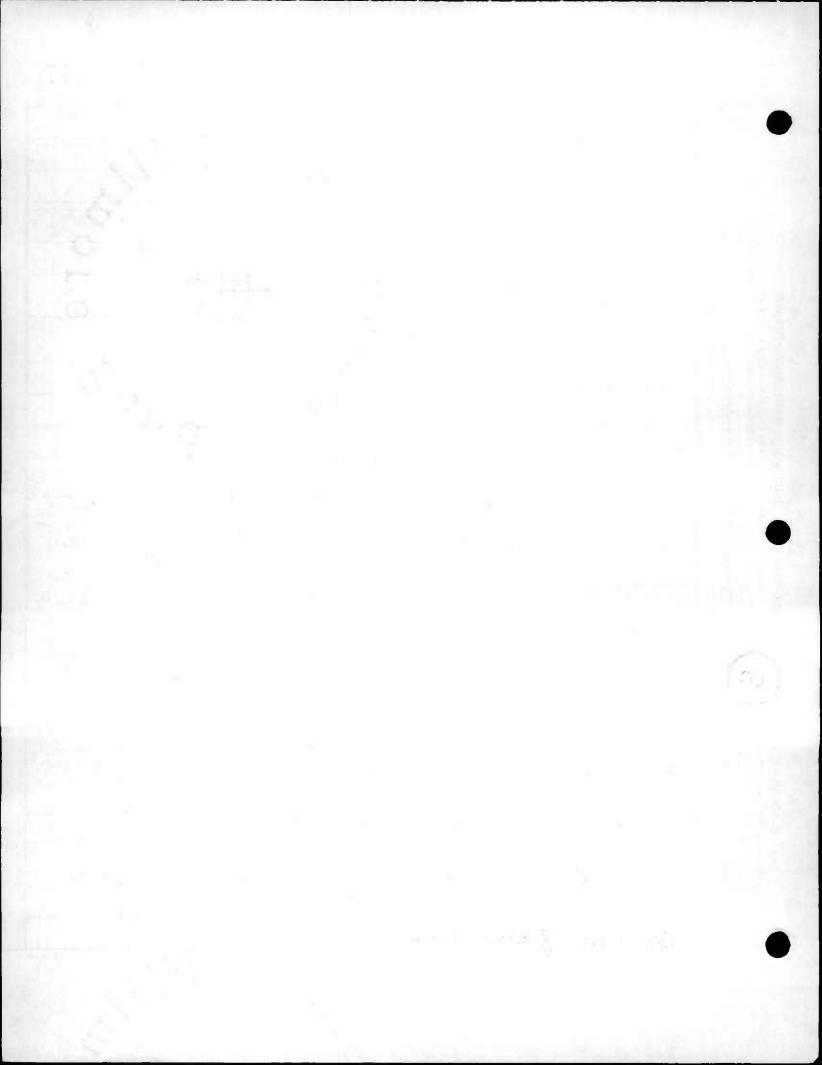
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law man TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 shows

ur, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CE	an i ii i	CALE	OI	DLA	111	REG. NO.			
)	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH DA	W	YEAR	3. TIME OF DEATH
- 1	Wells R. Jaco								4-25-91			М
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
	212-07-2747	1 [XM 2 [] F	77	YRS.	MONTRE	DAYS	HOURS	wire.	8-5-13			MD
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b, CITY, 1	TOWN	OR LOCATI	DN DF DE		9c. COUP	NTY DF DE	
œ		GIBS CONTROL								1000		
ᅙᅵ	1023 Chesaco Av	7e.			Ros	sed	ale			Ba	1time	ore
DIRECTOR	10a. STATE 10b. COUNT	v		10c CIT	Y, TOWN OR	1.0C/	TION					10d. INSIDE CITY
Ĕ I												LIMITS?
		ltimore			Ro		dale					1 TES 2 NO
4	10e. STREET AND NUMBER					10	M. ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?
BY FUNERAL	1023 Chesaco Av	7e.				-	2123	7		II	SA	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					IC DRIGIN? (Specify Yes			— American Indian, , Whita, etc.
正	1 Never Married 2 🙀 Married	FORCES? 1	YES 2 N	ID			pecify Cube S 2 X ND		n, Puerto Rican, etc.)		Specifi	
8	3 Widowed 4 Divorced	IF TES, GIVE F	MA DA DATES			1E	S Z IXI NO	Specify				White
	15. DECEDENT'S EDU	CATION	150 OF	CEDENT'S	USUAL OC	CUIDAT	ION		16b, KIND OF BUS	SINESS/INF		ATTLE
	(Specify only highest grade	completed)	(G		work done du			ng	IOD. KIND OF BO	SHITE SOUTH		
"	Elementary/Secondary (0-12)	College (1-4 or 5	r) "/G.	DO NOT DE	so rearou.)					C 11		
4		1	CI	ork					Bureau	or H	ighwa	iys
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	•	-				18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		J 18 L
	LAWRENCE JACQU	ES						Adel	e McKinnev	7		
BE	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street			Route Number, City or Tow		Code)	
2	Mary L. Jacque											
		.5							altimore.			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	noval from State	20b. PLACE other pl	OF DISPOS BCO)	SITION (Nen	ne of c	emetery, crei	matory or	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		 Sacre 	d He	art c	f_	Jesus			Balti	more.	MD
	21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE					AND ADDRE					1
- 8	DE 10	1.11	/			Cva	ch/Ro	seda	le Funeral	Home	е	= 1
	- Serior D	- Alle	7		1	21	1 Che	saco	Ave.			
	23. PART I. Enter the diseases, or shock, or heart failure.				not anter	the m	ode of dy	ing, suc	h aa cerdlec or reap	iratory an	reat,	Approximate Interval Between
	IMMEDIATE CAUCE /Final					,						Onset and Death
	disease or condition	6	5h. ()	0 0.	- 1	44.	201	Dala F			140.44
	reaulting in death)	a. CND	JAMES V		y (SF	nec	2 70	ou must	01	1 4 1	yeny
		000.10	(OH AS A CONSE)	eji Zanas				alchuste	4 (W.)hid	W IL
Z	Sequentially list conditions,	a. Cord	Many &	214	1124	My						141
Ĕ	It any, leading to immediate					1	A					1 10
3	CAUSE (Disease or Injury	c. Mul	ti- in	pre	1	ein	wir	•				6 months
Ē	that initiated events	OUE TO	(dr AS A CONSE	DUENCE O	F):							
F	resulting in death) LAST	4										
MEDICAL CERTIFICATION		-										1
7	PART II. Other aignificant condition	ns contributing to	death but not	resulting	in the un	derlyl	ng ceuse	given in	Part I. 24a. WAS AI	N AUTOPSY	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
2									1 YES			COMPLETION OF CAUSE
0									' '	O NO		OF DEATH?
									—			1 TYES 2 NO
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					PLACE OF	DEATH (C	neck only one)			
S	1 YES 2 NO		☐ ER/Outpatient 3	DOA	4 Nurs		ome 5 F	lesidence	8 Other (Specify)			
¥	27. MANNER OF DEATH	28a. DATE O		28b. Til		28c. II	NJURY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
	1 Natural 5 Pending	(Month, i	Day, Year)	IN	JURY		YES 2	□ NO				
BY	2 Accident Investigation		OF IN HIRO						004 1 00471041 (0)		D (David Market
0	3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — AI he , etc. (Specify)	ome, rarm,	street, racti	ory, on	nce		281. LOCATION (Street City or Town, State	and Numbe	r or Humi i	noute Number,
E	Thomas determined											
Ä	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, d	eath occur	red at the ti	lme, de	rte and plac	e, and du	a to the cause(a) and ma	anner as st	ated.	
¥	(Critical Crity											a) and manner as stated.
COMPLETE						partion	, 444111 000	515G W DA	time, data and place, a	110 000 10		a) and mainer as alsect.
ш	296. SIGNATURE AND TITLE OF CHRTHFI	ER	11	1			29c. LI	CENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
0	1 C. Value	in lu	me	,			O	0	7660		419	26 91
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CA	USE OF DEATH (ITE	EM 27) (Typ)	e, Print)		.0		, , ,		-(-	
	000 - 11 0	. C.		-		4	V	11	MD	217	20	
		00 000		//	350,1	a.J	7.	561 V	\ Pi\V	C1 C	- 57	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	00								
	APR 26 1001	41 May Davi	ason-Nanou									



DHMH-18 Rev 1/89

har name Propes 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR		SIAIE UF I					DEATH	J M	REG. NO.	E		
1. DECEDENT'S NAME (First, N	Aiddle, Last)							T	2. DATE OF DEATH			3. TIME OF DEATH
JOHN FRI	ED KRA	AMER, JR							MONTH DA	Y	YEAR Q	3:301 AM
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. la	ast birthday)	IF UNE	DER 1 YEAR	IF UNDER 24 HRS		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
215-30-8413		1 🙀 M 2 🗌 F	57	YRS.	MONTH	S DAYS	HOURS MIN	. [(Month, Day, Year) JUNE 17,19	33	RAT.	TIMORE
9a. FACILITY NAME (If not insti	itution, give st	reet and number)	31		9b. C	TY, TOWN O	R LOCATION OF	_			INTY OF D	
ST. AGNES H	OSPITA	AL.			В.	ALTIM	ORE					
RESIDENCE OF DECE				_								
MARYLAND	106. COUNTY	TIMORE		10c. CITY		N OR LOCAT						10d. INSIDE CITY LIMITS? X
	DA	JITHORL			Lin							1 YES 2 NO
329 CLYDE	AVENUI	Ε					21227				U.S.	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDER	TEVER IN U.S. A	RMEO	1	3. WAS DEC	ENDENT OF HIS	PANI	C ORIGIN? (Specify Yea , Puarto Rican, etc.)	or No-	14. RACI	E — American Indian, k, White, atc.
1 Never Married 2 M 3 Widowed 4 Divorc		IF YES, GIVE	MAR OR DATES	INO			2 NO Sp				Spec	ily:
15 DECEI	DENT'S EDUC		REAN	ECEDENT'S	HOUAL	OCCUPATIO	MAI	_	16b. KIND OF BUS	MAIE CO //A	DUCTRY	WHITE
(Specify only t	highest grade	completed)	(h	Give kind of v e. Do NOT us	work do	OCCUPATION ne during model of 1	st of working		166. KIND OF BUS	SINE 35/IN	DUSTRY	
Elementary/Secondary (0-1		College (1-4 or 5	+)						G.HEILEM	AN E	REWI	NG CO., INC.
12TH GRAD 7. FATHER'S NAME (First, Mid-			I BR.	EWERY	WO	KKER	40 1407145010		E (First, Middle, Melden		_	
		CD.								Surname)		
JOHN FRED K		SR.	т.	05 MAR INC	4000	E00 (0			FINCHAM oute Number, City or Town	- Otata 7	Y- 0- d-1	
SHERRY L. DR									BALTIMORE,			30
tea. METHOD OF DISPOSITIO		oval from State		E ANO DATE		SPOSITION	(Name	П	DATE 20c. LO	CATION -	- City or Te	own, Stata
Donation 5 □ Other (5	Specify)					SOLEU	M		4/27 B	ALTI	MORE	
1. SIGNATURE OF FUNERAL	9 4	2 // //					D ADDRESS OF			7.0		
> Jacki	e il	. Ska	mor	~ ·	- 1				AL HOME IN AVENUE, BAL			MD. 21229
23. PART I Enter the dis ahock, or her IMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert fallure.	a. Metc	o (OR AS A CONS	EOUENCE O	OV F):	(q	raino			retory a	rreat,	Approximata Interval Betwee Onset and Deat
Sequentially list condition of any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated evente resulting in death) LAST	lete IG y	c	O (OR AS A CONS			ndi	2 .					
PART II. Other significan	t condition	e contributing to	deeth but not	resulting	In the	underlying	g ceuae given	In F	Part I. 24s. WAS AN PERFOF	RMED?	7 241	N. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO	MEDICAL		-			26. PI	ACE OF DEATH	(Che	ck only one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 🗠		IER:						
7. MANNER OF DEATH		28a. DATE O		28b. TIM		28c. INJ		ice i	8 Other (Specify) 28d. OESCRIBE HOW I	NJURY A	CCURED	
1 Netural 5 P			Day, Year)	IN.	JURY	WC	PRK?		-Ju. JEGONIDE NOW !	oont O	Journey	
3 Suicide 8 C	ould not be	28e. PLACE	OF INJURY — A1	home, farm,				+	281. LOCATION (Street : City or Town, State)		er or Rural	Route Number,
4 Homicide d	etarmined											
contact city									to the cause(a) and me time, data and place, ar			a) and menner as stated.
99. SKINATURE AND TITLE O	OF CERTIFIE	9					29c. LICENSE	NUM	BER	29d. D/	TE SIGNE	D (Month, Day, Year)
(al Ala	Λ'	11 10					039	-	-	•	A. I	21.1 G 1
30. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CA	ISE OF OFATH #1	EM 27\ /5~	Dylest1		1)) %	0	1 >		041	9171
Chasan	A	anh	St.	Janus		ma's	al 9	00	Catan 1	Tve.	Re	elt 21229
31. DATE FILEO (Morith, Day, Y APR 26	6ar) 5 1001	32. REGISTE	AR'S SIGNATURE									7

6+1

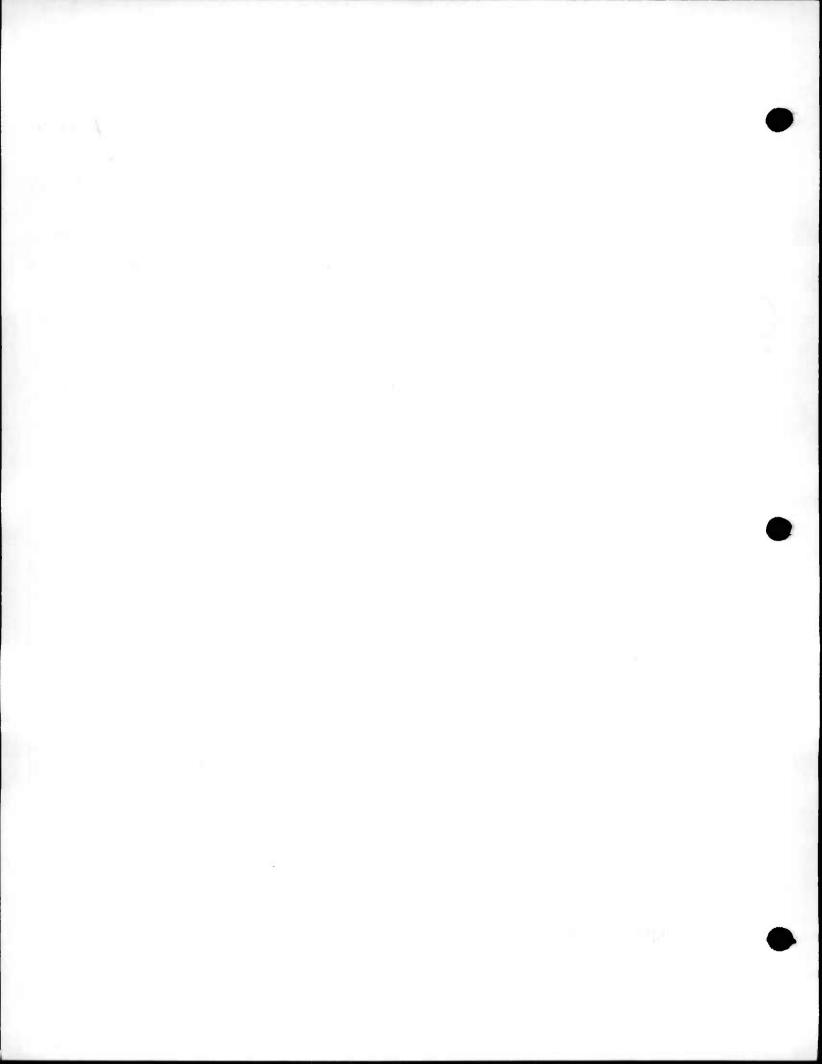
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1991 85 84A

ital or stranding invalcian.	I former a second fransit permit. Pages 1, 2, 3 should	1	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- ours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

	REGISTRAR		CE	:HIIF	ICATE	OF	DEA	IH	RI	EG. NO.				
	transmit to make the same										3. TIME OF DEATH			
	CHARLES FRANC	3					4/2			191	7:28 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		t birthday)		UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH				THPLACE (State or Foreign	
	212-07-1666	1x M 2 D F 77		YRS.	MONTHS	DAYS	8 HOURS MIN.		OCT 2		Country)		WARYLAND	
	9a. FACILITY NAME (If not institution, give		9b. CITY,	TOWN C	R LOCATIO	ON OF DEA		البت		INTY OF D				
œ	SOUTH BALTIMORE (BALTIMORE										
DIRECTOR	RESIDENCE OF DECEDENT													
Ĭ Ĭ	10a. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY	
늄	MARYLAND AND	GL	GLEN BURNIE							LIMITS?				
	10e. STREET AND NUMBER	10f. ZIP CODE				E	10g. CITIZEN OF W							
3	1104 MARLEY CREEN	21060			0	U.S				.A.				
FUNERAL	11. MARITAL STATUS	RMED 13. WAS DECENDENT OF HISPA				OF HISPANIC	NIC ORIGIN? (Specify Yea or No.— 14.				. RACE — American Indian, Black, White, etc.			
	1 Never Married 2 Married	10	0 If yes, specify Cuban, Mexica 1 ☐ YES 2 🔼 NO Specify				n, Puerto Rican, alc.)				Specific			
ĕ	3 X Widowed 4 Divorced		TES 2 LES NO Specify:						эрес	"" WHITE				
COMPLETED	15. DECEDENT'S EDU	ICATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KINI	D OF BUS	SINESS/INI	DUSTRY		
E 1	(Specify only highest grade Elementary/Secondary (0-12)	live kind of work done during most of working b. Do NOT use retired.)												
7	9TH GRADE	STOV	E MO	UNTER	NTER				FAC1	CURIN	1G			
2	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Maiden				Sumame)					
ŏ	ALBERT KESELING		ANNIE											
8	19a. INFORMANT'S NAME (Type/Print)	MAII INC	ADDRESS	/Ctmat			oute Number, C	the on Tour	a Chair 7	in Code)				
2	MS. MICHELE B. KI	SELING								,			21060	
		DELLING			4 MARLEY CREEK DR, GLEN BUR									
	20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem	noval from Stata	T OTIDON	OF DISPOSITION (Name of cometery, crematory or PARK CEMETERY				natory or	20c. LOCATION — City or Town, Stata					
	4 Donation 5 Other (Specify)	AAA P	- 70	7										
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					HUBBARD FUNERAL HOME INC.								
	Christopher		4107 WILKENS AVENUE, BALTIMORE, MD. 21229											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate													
	shock, or heart fellure. Liet only one cause on each line.													
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) SMALL CELL LUNG CA													
	resulting in deeth)	S. DUE TO (OF	AS A CONSE	DUENCE O	E.	104		V 1						
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):													
	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):													
AT	If any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											+		
E	resulting in death) LAST													
핑		d												
												. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDICAL	PERFORMED?									- 1	COMPLETION OF CAUSE			
밀	1 TES 2 INC									OF DEATH? 1 YES 2 NO				
2	-								_				1 123 2 10	
A I	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
PHYSICIAN:	EXAMINER?	HOSPITAL:	2/0-1		OTHER	:				351.9				
¥	27. MANNER OF DEATH	1 Dinpatient 2 El		26b. TIM			na 5 ∐ R JURY AT	asidenca (8 Other (Sp 28d, DESCRII		N IIIIN A	COURED		
	1 Natural 5 Pending	(Month, Day,		IN,	W H	W	PRK?	//	Zed. DESCHI	JIA	INJUNT O	CCOHED		
BY	2 Accident Investigation	- 1												
	3 ☐ Suicide 6 ☐ Could not be detarmined detarmined						at, factory, offica 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	4 - Homicide detarmined NIA													
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
S	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
	29b. SyleNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
8	Musami Mr.		► 4/23/41							110 0-01				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)													
	SUSAN TRINIDAD, all Harbor Hospital Center 31. DATE FILED (Morith, Day, Noor) 32. REGISTRAN'S SIGNATURE APR 26 1991 Junia Davidson-Randelle													
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													
	APR 26 1991	APR 26 1991 Julie Davidson-Randelle												
- 1		KI.												



3. TIME OF DEATH

7:50 P

8. BIRTHPLACE (State or Foreign

April 24,

. 1<u>991</u>

7. DATE OF BIRTH
NOV. 19, 1962

B. BIRTHPLACE (State of MARY)

9c. COUNTY OF DEATH

, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

218-78-6352

31. DATE FILED (Moreth, Day, Year)
MCK 26 1991

Jene Daydon-Handale

9s. FACILITY NAME (If not institution, give street and number)

Kenneth

5. SEX

1 X M 2 | F

E

6. AGE (In yrs. last birthday)

28 YRS.

1 -

DIRECTOR	Frankli		Rossville				Baltimore County						
	10a. STATE				10c. CITY, TOWN OR LOCATION					10d, INSIDE			
	Md.	1	BAltimore		Dundalk						1 (LIMITS?	
A.	10e. STREET AND NUMBER						10f, ZIP CODE			10g. CITIZE	10g. CITIZEN OF WHAT COUNTRY?		
E	1910 Pe	1910 Penhall Road					212	22			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼YES 2 NO IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, 1 ☐ YES 2 ☐ NO Specify:						4. RACE — American Indian, Black, White, atc. Specify: White	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY					
COMPLET	Elementary/Secondary (0-12) Coflege (College (1-4 or 5 +)	Word Processing									
OM	17. FATHER'S NAME (First, Middle, Last)						NAME (First, Middle, Melden Surname)						
EC	Kennet			Haz	veet	twood							
00	19a. INFORMANT'S NAME			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	Hazel Keithley				1910 Penhall Road BAltimore Md						d. 2	21222	
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cemetton 3 Removal from State 4 Donatton 6 Other (Specify)			othe	r place)		ory Inc.		Baltimore Md.				
ļ	21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FACILITY								
	Conn	elly	Funer	al 1	lome	Con	nellyFun	eral	Iome	300MA	ceAv	re.21221	
	shock, or heart fallum. List only one cause on each line.											Approximete interval Batwea	
	disease or condition Dnoumocyctic capinii Dnoumonia									Onset and Deat			
H	resulting in death)			A CONSEQUENCE OF):							1		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. HIV (Human Immunodeficiency Virus) DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING.												
MEDICAL	Chronic					PERFORMED?		Of Of	MILABLE PRIOR TO OMPLETION OF CAUSE DEATH?				
											1	TES 2 NO	
SICIAN:	*S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2\(\) NO 28. PLACE OF DEATH (Check only one) OTHER: 1 \(\) Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
ву РНУ	27. MANNER OF DEATH VX Netural 5 Pending (Month, Day, Year 2 Accident Investigation				URY 26b. TIME OF 28c. INJURY AT				28d. DEŞCRIBE HOW INJURY OCCURED				
ED									26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
TO BE	Accepted Relation MD n/a ► 4/24/91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Augusto		\ /				e Drive	Ral	timor	e MD	212	37	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

LUBER

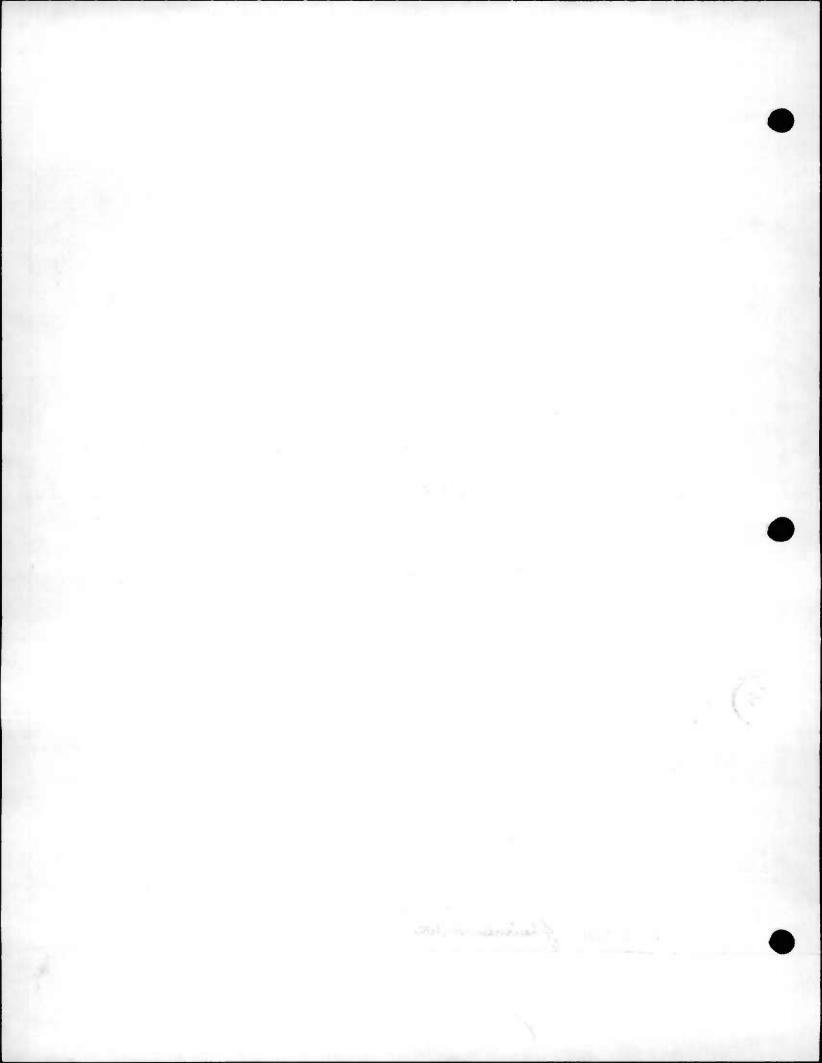
DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DHMH-16 Rev t/89



Pages 1, 2, 3 should

DIRECTOR

FUND

BY

COMPLETED

BE

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

CAUSE (Diseeee or Injury

that initiated events resulting in deeth) LAST

27. MANNER OF DEATH

1 Natural

2 Accident

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phys	pari		
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pital	ed fr		
hos	tach		ice.
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Pag	al G		ner
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non	Ped i	0.	the medical examiner
n 24	Ŋ ĮĮ	ation	the
withi	plete	Crem	ent,
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exect	and	nq o	mati
8	lcian	rior t	ing.
ficate	phys	ne pi	Jer 1
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requ	660	0	sho
law	as b	Dept.	23
The	ate !	tate	tem
CIAN	J. Lilling	the S	0
HXS	nis C	with 1	(ed,
IG P	ter ti	ath \	Tar
NDIV	R: Af	er de	.00
ATTE	013	s aft	1 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	RAL	27 6	# 3
HOS	FUNE	within	TANI
THE	THE	Fled	POR
6	2	be 1	E

											91		1271
FOR STATE REGISTRAR		STATE OF I	ARYLA					DEAT		MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)	_			1					2. DATE OF DEATH		3.29	3. TIME OF DEATH
GEORGE	D. 1	LEMMON								APRIL 25		YEAR 1991	4:30 A M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last	birthday)		ER 1 YEAR	IF UNDER		7. DATE OF BIRTH	,	8. BIRTI	HPLACE (State or Foreign
219-07-8123		1 XM 2 F	72		YRS.	MONTHS	DAYS	HOURS	SHIN.	(Month, Day, Year) NOV . 9 . 1918	3	BAL.	TIMORE
9a. FACILITY NAME (If not ins	stitution, give	street and number)				9b. CIT	TY, TOWN	OR LOCATI	ON OF D			INTY OF C	
ST. AGNES	HOSPI'	TAL (EMER	GENCY	RO	OM)	BA	LTIM	ORE					
RESIDENCE OF DEC	EDENT			-									
10a. STATE	10b. COUNT	Y				.,	OR LOCA						10d. INSIDE CITY LIMITS?
MARYLAND					E	ALT	IMOR	E					1 ♥ YES 2 □ NO
10e. STREET AND NUMBER							10	f. ZIP COD	E		10g. Cf1	IZEN OF	WHAT COUNTRY?
4430 CEDAR	GARDE	NS ROAD,						#212	229		1	J.S.	A.
11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	X YES	2 NO		13	If yes, s		ın, Mexica	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	or No—	14. RAC Blac Spec	E — American Indian, ck, Whita, atc. chy: WHITE
15. DECI	EDENT'S EDU	JCATION e completed		16a. DEC	EDENT'S	USUAL	OCCUPATI	ON	000	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0- 10TH GRADE		College (1-4 or 6	+)	life. I	(Give kind of work done during most of working life. Do NOT use retired.) TILE SETTER			CONSTRUCTION					
17. FATHER'S NAME (First, MI	ddle, Last)							16. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
UNKNOWN								וט	NKNO	WN			
19a. INFORMANT'S NAME (7)	/pe/Print)									Route Number, City or Tow			
DOROTHY CON	NELL			44	30 (CEDA	R GA	RDEN	S RO	AD, BALTIM	ORE,	MD.	21229
20e. METHOD OF DISPOSITI 1 N Buriel 2 Crematio 4 Donation 5 Other	n 3 🗆 Ren	noval from State	of ce	metary,	crematory	or other			AL C			City or T	own, Stata
21. SIGNATURE OF FUNERAL	pher	H.M	lis	,		Н	IUBBA		UNER	AL HOME IN	С.		MD. 21229
23. PART I. Enter the di		complications the			ith. Do r								Approximate Interval Between
IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)		· 5,	OR AS A	(Cel UENCE O	F):	Lun	7	CA	4			Onset end Death
Sequentially list conditions of the sequential o	diete	DUE TO	(OR AS A	CONSEC	UENCE O	F):			_				

	d		_
PART II. Other eignificent condition	ne contributing to deeth but not resulting	In the underlying cause given in Part I.	24
			1
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check only o	ine)

28a. DATE OF INJURY (Month, Day, Year)

DUE TO (OR AS A CONSEQUENCE OF):

4a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? TYES 2 NO 1 TES 2

6 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED

3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
(Check only one)		: To the best of my knowledge, death occurred at the Ilme, data and place, and dua n line basis of examination and/or investigation, in my opinion, death occured at line	

OTHER:

26b. TIME OF

g Home 5 Residence

1 YES 2 NO

28c. INJURY AT WORK?

29b. SIGNA		Solme			Phy steicu	.	29d. DATE SIGNED (Month, Day, Year)
30. NAME A	ND ADDRESS OF PERS	ON WHO COMPLETED	CAUSE OF DEATH (ITEM)	7) (Type, Print)		22 S. C	GREENE STREET,
DR.	STEVE ROT	HMAN, THI	DEPARTMENT	OF MEDICIN	E,RM N3W78,	BALTIMO	ORE,MD. 21201

31. DATE FILED (Month, Day, Year) APR 1991 STRAR'S SIGNATURE Savidson-Randelle

DHMH-16 Rev 1/89

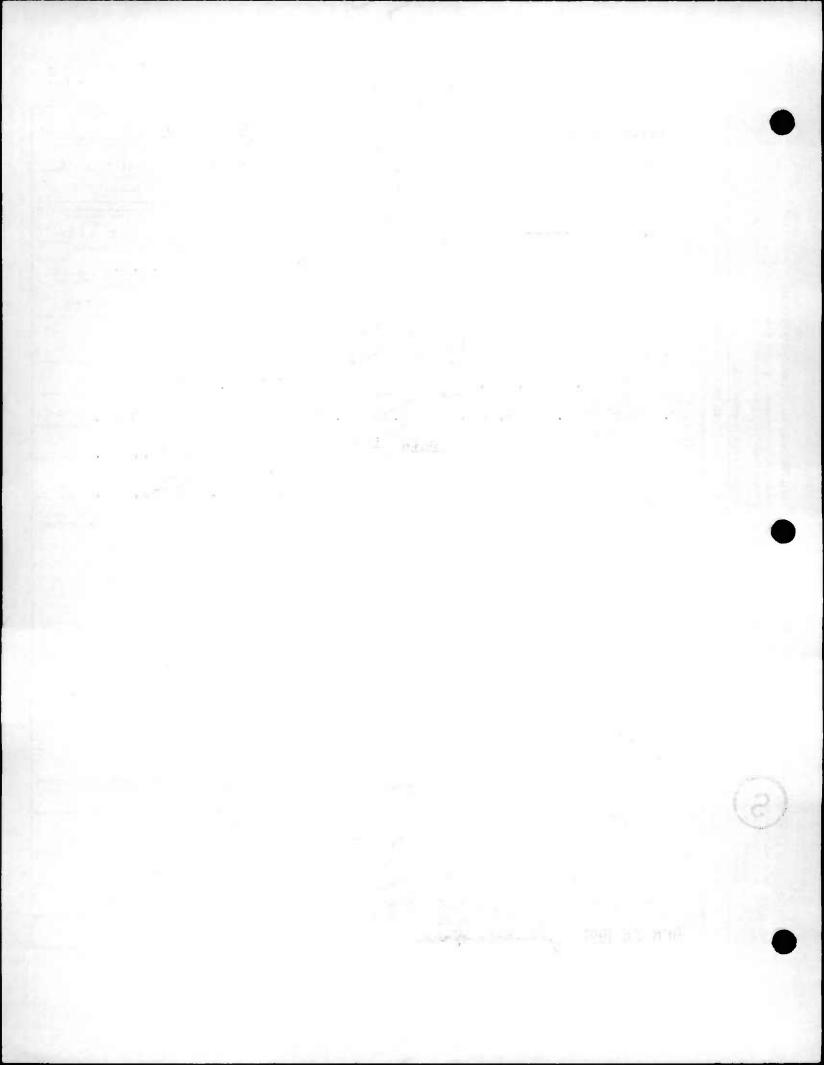
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL
TO THE FUNERALD
Be filed within 72
IMPORTANT: II III

ON OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE

	REGISTRAN			ICALE		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D		3. TIME OF DEATH	
	HILDA R.L.					4-2	5-199	S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR		7. OATE OF BIRTH (Month, Pay, Year)		BIRTHPLACE (State or Foreign Country)	
	218-58-1815		6 YRS.	wonths sair	HOUNS WIN.	1/6/3	0	BAltimore	
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D			Y OF DEATH	
8	Stella Maris Ho	spice		TOW	Towson			timore	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	PV .	1						-
DIRECTOR	Md	14	10c. CI1	TY, TOWN OR LO				10d. INSIDE CITY LIMITS?	
				Baltin				1 X YES 2 NO	_
FUNERAL	10e. STREET AND NUMBER	7			10f. ZIP CODE			N OF WHAT COUNTRY?	
Ä	3056 Staffor				21213		U.	S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS D	ECENDENT OF HISPA specify Cuben. Mexic	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14	I. RACE — American Indian, Black, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 X NO Specif			Specify: White	
	15. DECEDENT'S EQU	ICATION	18a. DECEDENT'S			T			_
삗	(Specify only highest grad	e completed)	(Give kind of	work done during	most of working	16b. KIND OF BU	SINESS/INDUS	STRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	1.0				_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Home	maker			Iome		-
	Charles A.	Ruch Cn			40.00 HOUSE HERE	AME (First, Middle, Malden ola J. Ja	4-1-1-1	All Control	
B	19a. INFORMANT'S NAME (Type/Print)	Dusii, SI.							
2	Mr. Charles A	Durch Ta				Route Number, City or Tox			
-								st Va.25283	_
	20s. METHOD OF DISPOSITION 11 Burlai 2 Cremation 3 Ren	noval from State	Oberthings.		cemetery, cremetory or Cemete	frame -		y or Town, Stata	
	4 Donation 6 Other (Specify)		Druid	Ridge			Balto	. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE			AND ADDRESS OF F	ACILITY			
	Erody -	Wiskimer	>	Ha	rtrey M	liter Fur	neral	Home . Md. 21234	
	23. PART L'Entar tha diseases, or			not enter the	mode of dving su	ch as cardiac or rean	iratory erres	t. Approximate	-
1	shock, or heart fellure.	List only one cause on	aech line.		g, ca	or an our map	natory office	intarvai Between	
	IMMEDIATE CAUSE (Fine) disease or condition								
- 1	resulting in death) a. META STATIC COLON CANCEL DUE TO (OR AS A CONSEQUENCE OF):								
	DUE TO (OR AS A CONSEQUENCE OF):								
	Sequentially list conditions, b.								_
S O	Sequentielly list conditions,	if any, leading to immediate							
ATION	if any, leading to immediate	DUE TO (OR AS	If any, leading to immediate cause, Enter UNDERLYING						
CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A COMPECUTIVOS O	-					
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE O	DF):					_
SERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE O	DF):					
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS			ring ceuse given in			24b. WERE AUTOPSY FINDINGS	-
ICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS			ring ceuse given in	PERFO	AMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS			ring couse given in		AMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS			ring ceuse given in	PERFO	AMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
-	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	c. DUE TO (OR AS		in the underly		PERFO 1 YES :	AMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
-	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d DUE TO (OR AS	but not resulting	in the underly	ring ceuse given in	PERFO 1 YES :	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
-	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 0	DUE TO (OR AS d na contributing to death HOSPITAL: 1 □ Inpetient 2 □ ER/Os	but not resulting	in the underly 28 OTHER: 4 □ Nursing H	. PLACE OF DEATH (C	PERFO 1 YES: heck only one) 6 Cother (Specify)	Hospi	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 60	d DUE TO (OR AS	but not resulting	OTHER: 4 Nursing H	. PLACE OF DEATH (C	PERFO 1 YES:	Hospi	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 0	DUE TO (OR AS d MOSPITAL: 1 Inpetient 2 ER/Or (Morth, Day, Year	but not resulting	OTHER: 4 Nursing H ME OF 28c. JURY M 1 [PLACE OF DEATH (Clome 5 Raeldenca RAJURY AT WORK?	PERFO 1 YES: heck only one) 6 Cother (Specify)	Hospi	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN:	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be	d	but not resulting	OTHER: 4 Nursing H ME OF 28c. JURY M 1 [PLACE OF DEATH (Clome 5 Raeldenca RAJURY AT WORK?	PERFO 1 YES: heck only one) 6 Cother (Specify)	HOSPI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 0 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	DUE TO (OR AS d The contributing to death HOSPITAL: 1 Inpetient 2 ER/Or (Month, Day, Year 28e. PLACE OF INJUR 28e. PLACE OF INJUR	but not resulting	OTHER: 4 Nursing H ME OF 28c. JURY M 1 [PLACE OF DEATH (Clome 5 Raeldenca RAJURY AT WORK?	PERFO 1 YES: heck only one) 6 Cother (Specify) 28d. DESCRIBE HOW	HOSPI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER	DUE TO (OR AS d The contributing to death HOSPITAL: 1 Inpetient 2 ER/Or (Month, Day, Year 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLA	but not resulting unipatient 3 □ DOA Y 28b. Til N RY — At home, farm,	286 OTHER: 4 Nursing H ME OF 28c. JURY M 1 [street, factory, o	PLACE OF DEATH (Colome 5 Residence INJURY AT WORK? YES 2 NO	PERFO 1 YES: heck only one) 6 Cother (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State	HOSPI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CC REO Rural Route Number,	
ED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS d The contributing to death HOSPITAL: 1 Inpetient 2 IER/Or 28a. DATE OF INJUR (Month, Day, Very building, etc. (S)	but not resulting unpetient 3 □ DOA Y 28b. Til N RY — At home, farm, pecify)	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH (Colores 5 Residence INJURY AT WORK? YES 2 NO	PERFO 1 YES: heck only one) 6 (Nother (Specify)) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Street	HOSPI INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CC REO Rural Route Number,	
COMPLETED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS d	but not resulting unpetient 3 □ DOA Y 28b. Til N RY — At home, farm, pecify)	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH (Clome 5 Residence INJURY AT WORK? T YES 2 NO Mice lets and place, and due, death occured at the	PERFO 1 YES: heck only one) 6	HOSPI INJURY OCCU and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCC REO Rural Route Number,	
BE COMPLETED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 0 27. MANNER OF DEATH 1 Retural 6 Pending Investigation Pending Invest	DUE TO (OR AS d	but not resulting utpatient 3 □ DOA Y 28b. Till IN RY — At home, farm, oecify) owledge, death occur tion and/or investigate	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH (C lome 5 Raeldenca INJURY AT WORK? YES 2 NO ffice lets and place, and du n, death occured at th	PERFO 1 YES About the control of t	HOSPI INJURY OCCU and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCC REO Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Dey, Year)	
E COMPLETED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting urbetient 3 □ DOA Y 28b. Til N RY — At home, farm, pecify) owiedge, death occur tion and/or investigate ALLALO ALLAL	26. OTHER: 4 Nursing H ME OF 28c. JURY M 1 [street, factory, o	PLACE OF DEATH (Clome 5 Residence INJURY AT WORK? T YES 2 NO Mice lets and place, and due, death occured at the	PERFO 1 YES heck only one) 6 \$\infty \text{Other (Specify)}\$ 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) as to the cause(a) and mag a time, data and place, as IMBER	HOSPI INJURY OCCU and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCC REO Rural Route Number,	
BE COMPLETED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting urpetient 3 □ DOA Y 28b. Til RY — At home, farm, powledge, death occur tion and/or investigati LELLED DEATH (ITEM 27) (Typ)	28 OTHER: 4 Nursing H ME OF USER JURY M 1 [Street, factory, o	PLACE OF DEATH (Come 5 Residence INJUSY AT WORK? YES 2 NO Hitce late and place, and due, death occured at the D 2708	PERFO 1 YES heck only one) 6 (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) a to the cause(a) and mag a time, data and place, a simble R	HOSPI INJURY OCCU and Number or nner as stated and dua to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCC REO Rural Route Number, Cause(s) and manner as stated. SIGNED (Month, Dey, Year)	
BE COMPLETED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting unpetient 3 DOA Y 28b. TH IN RY — At home, farm, powledge, death occur tion and/or investigate DEATH (ITEM 27) (Type Stella Ma	28 OTHER: 4 Nursing H ME OF USER JURY M 1 [Street, factory, o	PLACE OF DEATH (Come 5 Residence INJUSY AT WORK? YES 2 NO Hitce late and place, and due, death occured at the D 2708	PERFO 1 YES heck only one) 6 (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) a to the cause(a) and mag a time, data and place, a simble R	HOSPI INJURY OCCU and Number or nner as stated and dua to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCC REO Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Dey, Year)	
BE COMPLETED BY PHYSICIAN: N	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting urpetient 3 □ DOA Y 28b. Til N RY — At home, farm, pecify) Death (ITEM 27) (Typ) Stella Ma	28 OTHER: 4 Nursing H ME OF USER JURY M 1 [Street, factory, o	PLACE OF DEATH (Come 5 Residence INJUSY AT WORK? YES 2 NO Hitce late and place, and due, death occured at the D 2708	PERFO 1 YES heck only one) 6 (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) a to the cause(a) and mag a time, data and place, a simble R	HOSPI INJURY OCCU and Number or nner as stated and dua to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCC REO Rural Route Number, Cause(s) and manner as stated. SIGNED (Month, Dey, Year)	



TO BE COMPLETED BY

	FOR STATE REGISTRAR	TATE OF MARYLAND		TMENT OF H		MENTAL HYG	IENE	Production	11273
100	1. DECEDENT'S NAME (First, Middle, Last)	Marie /	upt	Lupo		2. DATE OF DEA	TH 94 - 91	YEAR 3.	TIME OF DEATH
TOR	4. SOCIAL SECURITY NUMBER 5. SE 063 26 4880 1 □	8. AGE (In yrs. In 57	yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye Dec. 2	, 1933	Country)	York
	9a. FACILITY NAME (If not Institution, give street and number) Prince George's Hospital Center				city, town or location of death Cheverly			%c. COUNTY OF DEATH Prince George's	
DIRECTOR	10e. STATE 10b. COUNTY Schened	etady	10c. CITY	TY, TOWN OR LOCATION The needs dy					d. INSIDE CITY LIMITS? YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 2746 Granville	100. STREET AND NUMBER 2746 Granville AVE			ZIP CODE	6		J.S.A	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, spe	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) □ YES 2 NO Specify: White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME						18b. KIND OF BUSINESS/INDUSTRY Home			
BE COM	17. FATHER'S NAME (First, Middle, Last) Angelo R. Caputo			16. MOTHER'S NAME (First, Middle, Melden Surneme) Amelia (Unavailable)					
TO B	Daniel R. Lupo (son)	4504	Cherry	Hill Dr	Pough			12603	
	20a, METHOD OF DISPOSITION Burlal 2 Cremation 3 Ramoval fi 4 Donation 5 Other (Specify)	nation 3 Ramoval from State of cemetary, cremate St. Cyri			(Name us Ceme	tery 25	Rotter		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Laver	D	Cap	itol Fu lls Chui	neral Se	rvice		
	23. PART I. Enter the diseases, or complete abock, or heart failure. List of immediate CAUSE (Final disease or condition resulting in death)	ications that caused the only one cause on each ile	potec	cardier	de of dying, s	ich se cardiac or		eat,	Approximate Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS							
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF	F):					
	PART II Other significant conditions con	ntributing to death but not	reaulting i	in the underlying	g cause given	P	AS AN AUTOPSY ERFORMED? (ES 2 NO	OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 \(\text{NO} \) NO 1 \(\text{NO} \)	SPITAL:	3 DOA	OTHER:	ACE OF DEATH (Check only one) 8 Other (Special	(v)		
	27. MANNER OF DEATH 1 Asturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, INJ			HOW INJURY OCC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be determined determined determined Steep S							e Number,		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 🔀 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occured at the time,

29d. DATE SIGNED (Month, Day, Year)

OF DEATH (ITEM 27) (Type, Print) 5009 Rayburn Ct., Temple Hills, MD 20748 Rodriguez, M.D., Augusto

32. REGISTRAR'S SIGNATURE

(== 11) The state of the s

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2	AT	ECTR: A	Sand	1 28 m
SINIC	OR ATTEND	DIRECTOR: A	DUIS BUT D	tem 28
DIVISION VITAL RECORDS, F.O. BO	AL OR ATTEND	AL DIRECTOR: A	2 hours are d	If Item 28
SINIO	PITAL OR ATTEMD	ERAL DIRECTUR A	in 72 hours are di	T. If Item 28
SINIO	HOSPITAL OR ATTEMO	UNERAL DIRECTOR A	vithin 72 hours are d	ANT: If Item 28
SINIO	E HOSPITAL OR ATTEND	E FUNERAL DIRECTUR A	d within 72 hours and di	RTANT: If Item 28 In
SIAIO	THE HOSPITAL OR ATTEND	THE FUNERAL DIRECTOR A	filed within 72 hours and di	PORTANT: If Item 28 In
SINIO	TO THE HOSPITAL OR ATTINITIES PHYSINIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR A	be filed within 72 hours and di	IMPORTANT: If Item 28 In

5		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE REG. NO.	31	11614
	,	1. DECEDENT'S NAME (First, Middle, Last	CES	ME	INECK	E	2. DATE OF DEATH DAY		3. TIME OF DEATH 6 5 P. M
P		4. SOCIAL SECURITY NUMBER 212 10 1981 D	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cour	THPLACE (State or Foreign Intry) Md.
, 2, 3 should	TOR	9e. FACILITY NAME (If not institution, give Harbor View RESIDENCE OF DECEDENT	street and number)			imore,		'9c. COUNTY OF	DEATH
iit. Pages 1	DIRECTOR	Md .	тү		y, town on Locat Ltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
in. ransit perm	FUNERAL	260 S. Robin				21224		Ų.S.	WHAT COUNTRY?
the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, once.	B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 1 NO Specify	ilC ORIGIN? (Specify Yae n, Puerto Rican, etc.) /:	Bia	ACE — American Indian, ack, White, etc.
tal or attend for use as	LETED	15. OECEOENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	(Give kind of life, Do NOT u	ŕ	st of working	16b. KIND OF BUS		
by the hospit be detached at once.	COMPL	3rd 17. FATHER'S NAME (First, Middle, Last)		no	memake	16. MOTHER'S NA	home ME (First, Middle, Meiden S	Surname)	
5 should	TO BE	Charles Zac 190. INFORMANT'S NAME (Type/Print) Edward Meineck				nd Number or Rural F	astasia N Route Number, City or Town Cive 2114	, State, Zip Code)	
e 6 may be rector, page must be		20a, METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	20	h. PLACE OF DISPO	SITION /Name of cer	netery cremetory or		CATION — City or	Town, State
Jours after death. Page 6 may d in by the funeral director, pa or removal.		21. SIGNATURE OF FUNERAL SERVICE	G Zaslala		JOSE	o aconess of fa	_{dun} Zannino, kling Str	Mr. Fu	in. Home
executed within 24-11 and completely fille to burial, cremation, matic event, the	TION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate	a. Phu Due TO JOR AS,	ech line.	not enter the mo	de of dying, suc		retory arrest,	Approximate Interval Between Oneet end Deeth
th certificat anding phy Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	BUE TO (OR AS	A CONSEQUENCE C		mone	Covado		
AN: The law requires that the death fificate has been signed by the attert is State Dept. of Health and Merital ir item 23 shows any injury, o	MEDICAL	Alzheime	OS to a Demen	aythm 1	In the underlying	g cause given in	Part I. 24e. WAS AN PERFOR 1 □ YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN: The tificate has state D	PHYSICIAN:	25. WAS CASE REFERRED TO PEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)		
	ВУ РН	27. MANNER OF DEATH 1 Netural 8 Pending 2 coldent investigation	28e. DATE OF INJURY (Month, Day, Year)		JURY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II		
OR ATTEND DIRECTOR hours are d	ETED	3 Suicide 6 Could not be determined	building, etc. (Spe	ecify)			281. LOCATION (Street a City or Town, State)		ar Robie Number,
= -101 -	COMPLETED	(Check only one) 2 MEOICAL EXAM	YSICIAN: To the best of my know			death occured at the	time, date end place, en	d due to the caus	
TO THE HOSPITA TO THE FUNERA be filed within 7.	TO BE	29b. SIGNATURE AND TITLE OF CERTIF	nala	House	Staff	AS 244	MBER 1614-40	≥ 4	24 S/
		31. DATE FILED (Month, Day, Year)	TLA HI	te, 3		Hanover	st, Ba	ltimor	e, Md
-		APR 26 1991	und Davidson Ad	ndelle					

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death	funer
after	y the
24 hours	filled in b
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	IAL THECKIN: After this certificate has been signed by the attending physician and completely filled in by the funer
повосп	and
ificate be	physician
leath cert	attending
t the c	by the
quires tha	n signed
ne law re	has bee
SICIAN: TI	certificate
PHY	r this
DING	After
IR ATTEN	RECTOR
DAL.O	ATT THE

_								91	1215
	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI CERTIFIC			D MENTAL	REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	3					OF DEATH		3. TIME OF DEATH
	KEVIN W.		MISSOS			04			1 11:57 A M
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In y		F UNDER 1 YEAR	IF UNDER 24 HR		OF BIRTH	8.	BIRTHPLACE (State or Foreign
	N/A 12	□ M 2 □ F 26 Day		DAYS DAYS	HOURS MIN	DEC.	28,	1990	MARYLAND
	9e. FACILITY NAME (If not institution, give street			b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH
5	FRANCIS SCOTT KEY	MEDICAL CENT	ER	BALTIM	ORE CIT	Y			
5	RESIDENCE OF DECEDENT								l transport
DIRECTOR	MARYLAND 106. COUNTY			BALTIM					10d. INSIDE CITY LIMITS? 1 XXES 2 NO
LONERAL	106. STREET AND NUMBER 5004 FRANKFORD AVEN	NUE		10	21206				S. A.
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.	S.ARMED	13. WAS DE	CENDENT OF HIS	PANIC ORIGIN	1? (Specify Yes	or No- 14.	RACE — American Indian,
2	XXNever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2			pecify Cuben, Ma 5 2 2 NO Sp		Rican, stc.)		Black, White, stc. Specify: WHITE
9	15. DECEDENT'S EDUCATI (Specify only highest grade com		a. DECEDENT'S US			16b.	. KIND OF BU	SINESS/INDUS	TRY
į		ollege (1-4 or 5 +)	life. Do NOT use	retired.)	out or working				
	NA	NA	DEPEND	ENT			_		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, F	Middle, Maiden	Surname)	
	NICHOLAS B. MISSOS	<u> </u>			REN	Y L. H	ORAK		
	19a. INFORMANT'S NAME (Type/Print)				and Number or Ru				•
-	RENY L. MISSOS (MOT	THER)	5004 F	RANKFO	RD AVE.	, BALT	'IMORE	MD.	21206
	20a, METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal	from State of cen	LACE AND DATE O	F DISPOSITIO	N (Name	DAT	E 20c. LO	CATION - City	or Town, Stata
	4 Donation 5 Other (Specify)	HOI	LLY HILL				BAI	TIMOR	E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	_11	22. NAME /	MUNEK F	FACILITY	HOME	TNC	
	Pusene V.	Latter	> 1/2						MD. 21213
╗	23. PART i. Enter the diseases, or com	plications that caused th	e direth. Do no						
	shock, or heart failure. List	only one cause on each	n line.				•	•	interval Between Onset and Death
	iMMEDIATE CAUSE (Finei diseese or condition	C							Onset and Death
H	resulting in death) a	DUE TO (OR AS A CO							
,			,						
HILCALION	Sequentieily list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):						
ξ	cause. Enter UNDERLYING								
	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):			-			
-	resulting in deeth) LAST								
3	PART ii. Other aignificant conditions c	antifluiting to death but	not requising in	the underlyi	an anna alima	in Boot i	24a, WAS AN	ALTTOROV	24b. WERE AUTOPSY FINDINGS
ξ	TATE II. OHIO SIGNICATE CONDITIONS	ontributing to death but	not readiting in	the underlyi	ig cause give:	ini rarti.	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA							1 XYES	NO 🗆	DF DEATH?
		-							1 TYES 2 NO
ž									
3		OSPITAL:	T	26. I	PLACE OF DEATH	(Check only or	ne)		
2		☐ Inpatient 2 ☐ ER/Outpati	ent 3 DOA 4	☐ Nursing Ho	me 5 🗆 Resider	_			
PH TSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK?	10000000	SCRIBE HOW	INJURY OCCUP	RED
2	2 Accident Investigation				YES 2 NO				
3	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, str	eet, factory, off	ca	26f. LOC City	or Town, State	and Number or)	Rural Route Number,
ũ	29s. CERTIFIER			Harrie		S 00			
M L	(Check only	N: To the best of my knowled							cause(a) and manner as stated.
3				my opinion,			. Site piece, a		
<u>ا</u> لا	296. SIGNATURE AND TITLE OF CERTIFIER NONale & La Jacob	1 445			29c. LICENSE				HGNED (Month, Day, Year)
- 1	Numerica X Library	- MU			I U.C.	M.E.		1 ()4/	24/91

111 PENN STREET, BALTIMORE, MARYLAND 21202

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DCME

DONALD G WRIGHT MD

31. DATE FILED (MONTH, Day, Year)

APR 26 1991

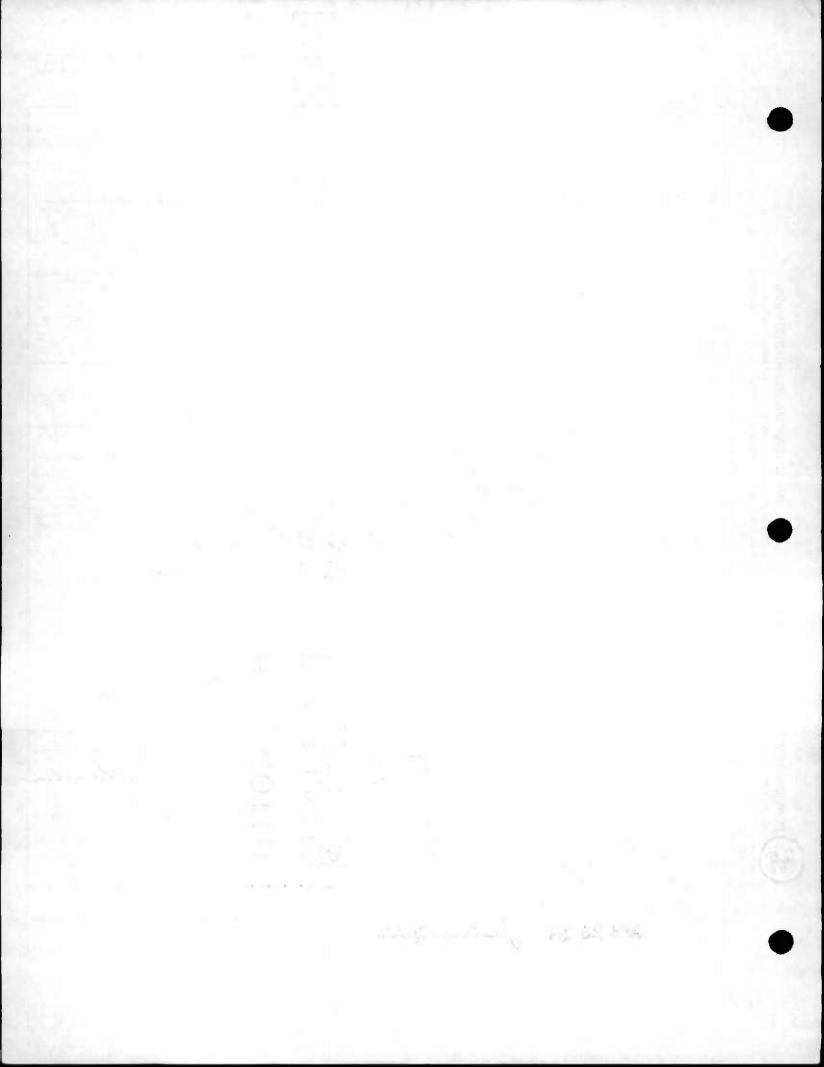


IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BO	I HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physicil durbin 72 hours after death with the State Dentr of Health and Mettal Houlene prior
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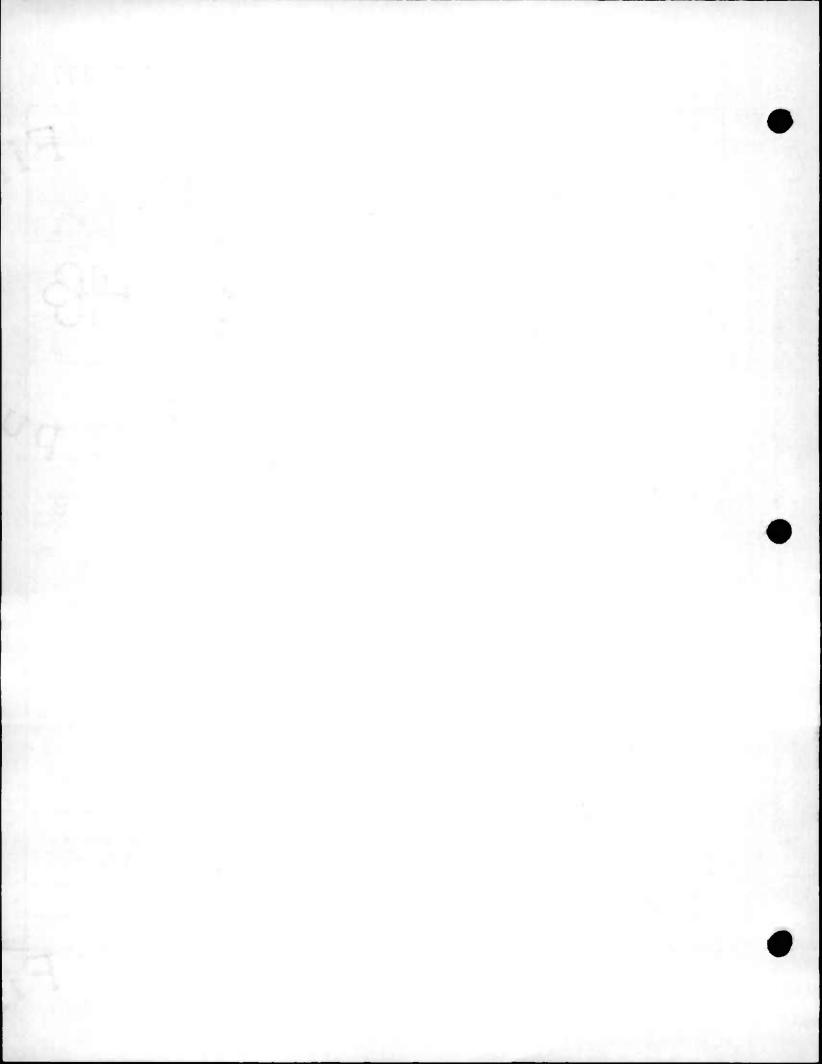
FOR

DECEDENT'S NAME (First, Middle, Last, LITCY SOCIAL SECURITY NUMBER COLOR SECURI		O-1111111		DEAT	П	R	EG. NO.		
4. SOCIAL SECURITY NUMBER)					2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
	MARTIN		MCTNTY	RE		0/4	24	1001	06.20
223-30-6660	5. SEX 6.		ONTHS DAYS	HOURS	4 HRS. MIN.	7. DATE OF B (Month, Day 10-30	(, Year)	8. BIRT Coun	HPLACE (State or Foreign
90. FACILITY NAME (If not institution, give 534 RIDGEWOOD STRESIDENCE OF DECEDENT	[CHWOOD AVE	NUE	BALT	I OR LOCATION	N OF DE		9c. C	ALTI	
10a. STATE 10b. COUN	TY		altimore						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER 534 Richwood Aven	534 Richwood Avenue				2			USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES			ECENDENT OF Specify Cuben.	Mexican	, Puarto Ricer	pecify Yea or No- i, atc.)	14. RAC Blac Spec	E — American Indien, sk, While, etc. shy: Black
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during r	TION most of working			of BUSINESS/ Cial Secu		Administratio	
17. FATHER'S NAME (First, Middle, Last) Dallie Martin				er's nam		e, Maiden Surnam ON	e)		
190. INFORMANT'S NAME (Type/Print) Ronald McIntyre			chwood				Otty or Town, State, Md 21212		
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE of cemetary premator mo	OF DISPOSITION	N (Name		43091	20c. LOCATION Arbutus	— City or 1	own, State
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE March		Mar	and address ch F/H \ O Wabasi	West	CILITY			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other aignificant condition	ona contributing to de	eth but not resulting in	the underly	ing ceuse gi	iven in		. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FINDI
							MES 5 1 HO		AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 SKYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not b determined	28e. DATE OF IN. (Month, Day, 04/24/	JURY OUND 28b. TIME INJU 1991 6:36 NJURY — At home, farm, str. (Specify)	OTHER: Nursing He OF 28c. RY 1	NJURY AT WORK? YES 2	idence	SUBJE 281. LOCATIC City or R	BE HOW INJURY CCT STAI	OCCURED BBED mber or Rural 5 3 /	COMPLETION OF CAUSOF DEATH? 1 SKYES 2 NO NO Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 N YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not b determined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	28e. DATE OF IN. (Month, Day, 0 4 / 24 / 28e. PLACE OF III building, etc	JURY OUNI 28b. TIME INJU 1991 6:36	OTHER: Nursing Hi OF 28c. I RY 1 C Teet, factory, of DENCE	NJURY AT NORK? YES 2 Title	NO and due	SUBJI 281. LOCATIC City or R 534	Decity) BE HOW INJURY ECT STAT IN (Street and Num Nown, State) TOGEWOO	OCCURED BBED & The ror Rural 534 DD stated.	COMPLETION OF CAUSOF DEATH? 1 DKYES 2 NO NO Route Number, RICHWOOD



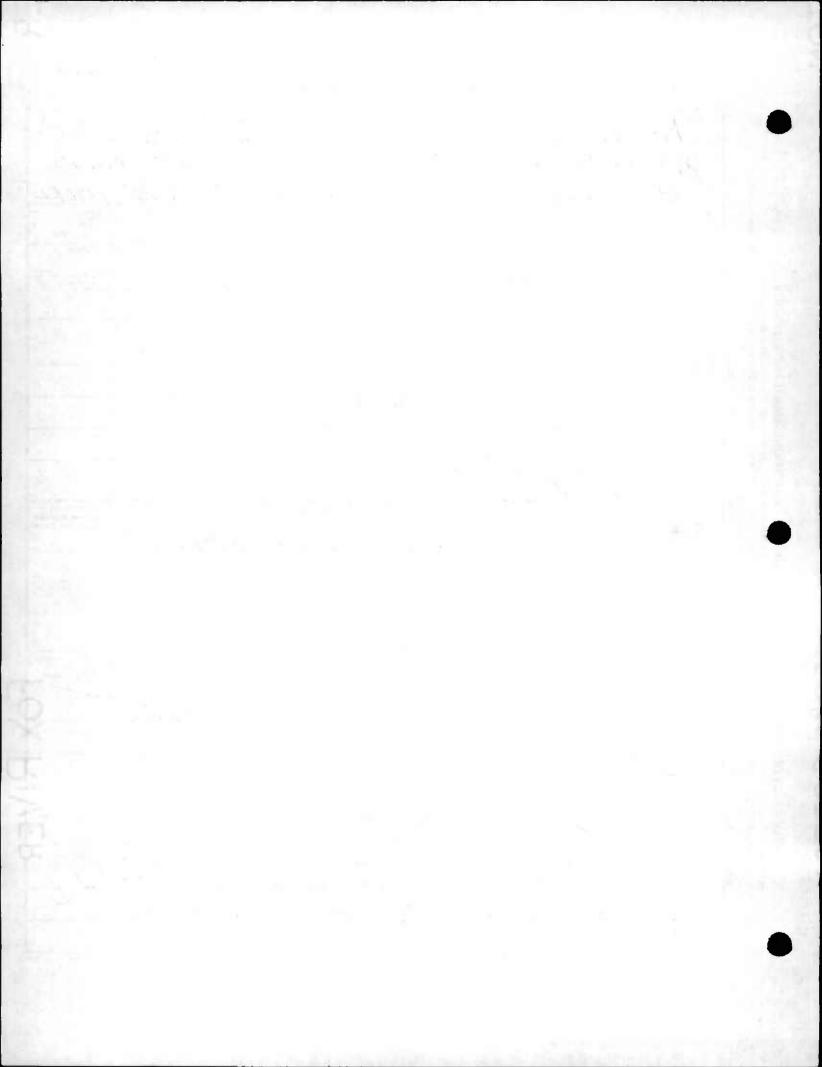
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OF VITAL RECORDS, P.O.	the company of the same of the
NOISION	and the same of
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	R ATE GISTRAR		STATE OF MA		/ DEPAI						YGIENE EG. NO.			t t to I I
	DENT'S NAME (First,	,			11.		,			2. DATE OF MONTH	DEATH	r	YEAR	3. TIME OF DEATH
	TANLE AL SECURITY NUMBI		5. SEX 6	. AGE (In yrs.	MUK	-/-/	Y	IF UNDER	nu ume	7. DATE OF	-	0 1	991	0 4 3 0 F
	-14-6456	- n	1 🔀 M 2 🗆 F	L PAGE (III yrs.	69 YRS.	MONTHS	DAYS	HOURS	MIN	(Month, De 03/05/	y, Year)		Country	
9a. FAC	ILITY NAME (If not ins	titution, give s	treet and number)		0,5	9b. CITY,	TOWN	OR LOCATI			1722	9c. COU	INTY OF D	
Wa RESID 100. ST/	shington	Count	y Hospita	1		Hage	erst	own_				Wo	rshin	gton
10a. ST/		10b. COUNT	Υ		10c. Cl	TY, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
	yland	Washi	ngton			Hager		OWN				10a CII	IZEN OF V	1 XYES 2 NO
< 1		spect	Street A	nt. 2A				2 1 740				USA		
	ITAL STATUS over Married 2 🔀	Married	12. WAS DECEDENT FORCES? 1 F YES, GIVE WAI	EVER IN U.S.	ARMED	- 11	MAS DEC	CENDENT (OF HISPAN	IIC ORIGIN? (S n, Puerto Rica /:				— American Indian, k, White, etc. Hy: White
2		EDENT'S EDU		16a.	DECEDENT	S USUAL OC	CUPATI	ON		16b. KJI	ND OF BUS	INESS/IN	DUSTRY	WITTE
	nentary/Secondary (0-	highest grade	College (1-4 or 5+)		life. Do NOT	retired.)	iuring m	ost or worm	ng				4-	
¥	11 IER'S NAME (First, Mi	Intello I and			Carpe	enter		T 40 1407	THE PART ALA	ME (First, Midd			/Hou	sing
	F. Murray									L. Mi		Surriame)		
00 100 INE	ORMANT'S NAME (7)				19b. MAJLIN	G ADDRESS	(Street			Route Number,	_	r, State, Z	ip Code)	
	herine D			_						Apt.2				, Md. 217
	THOD OF DISPOSITI		noval from State	other	ce of disposition place)				matory or				ing,	
10	TUNE OF FUNERAL		CERTAIN A	Jonai	IKSLOV			ND ADDRE	ESS OF FA	CILITY				
1	V		2016	en 10		1/1	1 7.7	Moir	C+w	eet Ha				Home 21750
23. P/			complications that											Approximate
diseas	DIATE CAUSE (Fin		e. One to se	arli	LO PA	ul d	uo	va	16	Ones	1			Interval Betwood Onset and D
Z Segui	entielly list conditi	ions.	Cute	wis	Cleri	lie	K	eou	7 KL	esea	re	2		
If eny,	leading to immed. Enter UNDERLYI E (Disease or injunitiated events	diate NG ry	. Ohr	TAC	SEQUENCE	plue		ha	log	are o	K	egu	igil	alies
CAUS that ir result	ing in death) LAS	' L	4				1							
PART	ii. Other significa	nt conditio	es contributing to d		- 1	In the un	derlylr	ng cause	given in	Part I. 2	In, WAS AN PERFOR		248	. WERE AUTOPSY FIND AMAILABLE PRIOR TO
MEDIC —			Chion	iegh		wi			o Ke	sac	☐ YES 2	Lua		OF DEATH? 1 YES 2 NO
ÿ	CASE REFERRED T	n surricu	<u> </u>					U 105 05	DE 171 001	hack only one)				
D EX	AMINER?	- Inchitaini	HOSPITAL:	ER/Outpatien	3 🗆 DOA	OTHER 4 Nur	RI:	-	350000	6 Other (S	(necify)		_	
₹ 27. MAI	NNEW OF DEATH	5/22	28s. DATE OF S (Month, Day	HEJURIY	28b. T	IME OF	28c. IN	JURY AT		28d, DESCR		NJURY O	CCURED	
- 1 LK		Pending Investigation				M	1 🛮	YES 2	□ NO					
3 4		Could not be determined	28e. PLACE OF building, e	rtc. (Specify)	t home, farm	, street, fact	tory, offi	ice			ON (Street Town, State)		er or Rural	Route Number,
29a. Ct	RTIFIER 1 DEER	TIFYING PHY	SICIAN: To the best of r	my knowledge	, death occu	rred at the t	time, da	te and plac	ca. and du	e to the cause	(a) and ma	nner as s	tated.	
29a. CE (CI on	NOCK OFFY		IER; On the basis of ax											(a) and manner as ste
296. Si	GNATURE AND TITLE	OF CENT	must	rdes	le)_		29c. Lit	CENSE NU	MBER 9	6	29d, D/	ATE SIGNE	Grander Come Your)
20. NAI	ME AND ADDRESS O	F PERSON W	HO COMPLETED CAUS	E OF DEATH	(ITEM 27) (TY	pe, Print)		1 0		, , ,	<u>, </u>		7	
31. DAT	E FILED (Month, Day,	Year)	32. REGISTRAF	R'S SIGNATUR	IE .									
	APR 26	1991	I ha David	son-Par	delle									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	IENTAL HYGIENE
REGISTRAR CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF MIANTI		ICATE OF		MENIAL HYGIEN REG. NO				
	1. DECEMENT'S NAME (First Mikirlin Last)	PAU	L S. MASA			2. DATE OF DEATH	DI PAI	3. TIME OF DEATH M		
	213-44-8460	M 2 □ F	(In yrs. lest birthday) 45 YRS.	F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	1 DATE OF BIRTH	8. BIRTI Count	MASS		
TOR	99. FACILITY NAME (If not Institution, give street ST JOSEPH RESIDENCE OF DECEDENT	HOSP	ITAL		96. CITY, TOWN OR LOCATION OF DEATH TOWSON, MD. BALTIMO					
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION	10d. INSIDE CITY				
ā	Maryland Balti	more		Cimonium				1 TES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 210 Patann Rd.			1 "	21093		U.S.A.	WHAT COUNTRY?		
B	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR !	2 XNO	If yes, s	CENDENT OF HISP secify Cuban, Mexi 2 ZKNO Spe	ANIC ORIGIN? (Specify Yel can, Puerlo Rican, etc.) offy:	E — Americen Indian, k, White, atc. ity:			
	15. OECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S (Give kind of	USUAL OCCUPATI work done during m se retired.)	ON ost of working		SINESS/INDUSTRY			
COMPLETED		ollege (1-4 or 5+)				Separat	d Filtra	lion α		
ğ	12 17. FATHER'S NAME (First, Middle, Last)	4	Preside	ent	14 MOTHED'S	NAME (First, Middle, Maiden				
<u> </u>	Joseph Masaschi					rude O'Neil				
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		al Route Number, City or Tow				
2	Lelia H. Masaschi		Same	as #10						
	20e. METHOD OF DISPOSITION 1		DATE 20c. LOCATION — City or Town, State 1em.Gdns. 4/25/91 Timonium, Md.							
	21. SIGNATURE OF PUNEBAL SERVICE LICENS		/	22. NAME A	ND ADDRESS OF					
	· Cald.	cont.				i., Towson,)4		
	23. PART I. Enter the diseases, or complete shock, or heart fellury. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that cause on only one cause on our TO (OR AS	eech ilne.	nate		1 0	Blace	Approximate Interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
AL C	PART II. Other aignificant conditions of	ontributing to death	but not reaulting	in the underlying	g cause given	In Part I. 24s. WAS AN	AUDOPSY 24	AVAILABLE PRIOR TO		
DICAL						1 th Yes		COMPLETION OF CAUSE OF DEATH?		
M	·					Dani	14 .	14 YES 2 NO		
ä						Kago	test			
5		OSPITAL:		OTHER:	LACE OF OEATH (- //				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY		The second second	ne 5 ∐ Residenc	8 Other (2004)	INJURY OCCURED			
	1 Activat 5 Pending	(Month, Day, Year)	IN	JURY W	YES 2 NO					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, ecily)	street, factory, offi	00	281. LOCATION (Street City or Town, State		Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated. 2 DMEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.									
	29h SIGNAPURE AND TITLE OF CERTIFIER			9	20c. LICENSE N			(Montgl. Day, 'fear)		
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF IT	CALLLA CONTRACTOR (TEM 27) (Tem	Print)	1009	2383	> 4/2	1/9/		
	31. DATE FILED (Month, Day, Yber)	Donne	es/mi)-752	14/00	col 10	Wson	myzor		
	ADD 9 6 1001	32. REGISTRAR'S SIG	TALL MAN							
	AFREU 1991	O STATE OF STATE AND ASSESSED ASSESSED						DHMH-18 Rev 1/89		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR; After this	be filed within 72 hours after death with	IMPORTANT: 11 Item 28 is marked

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

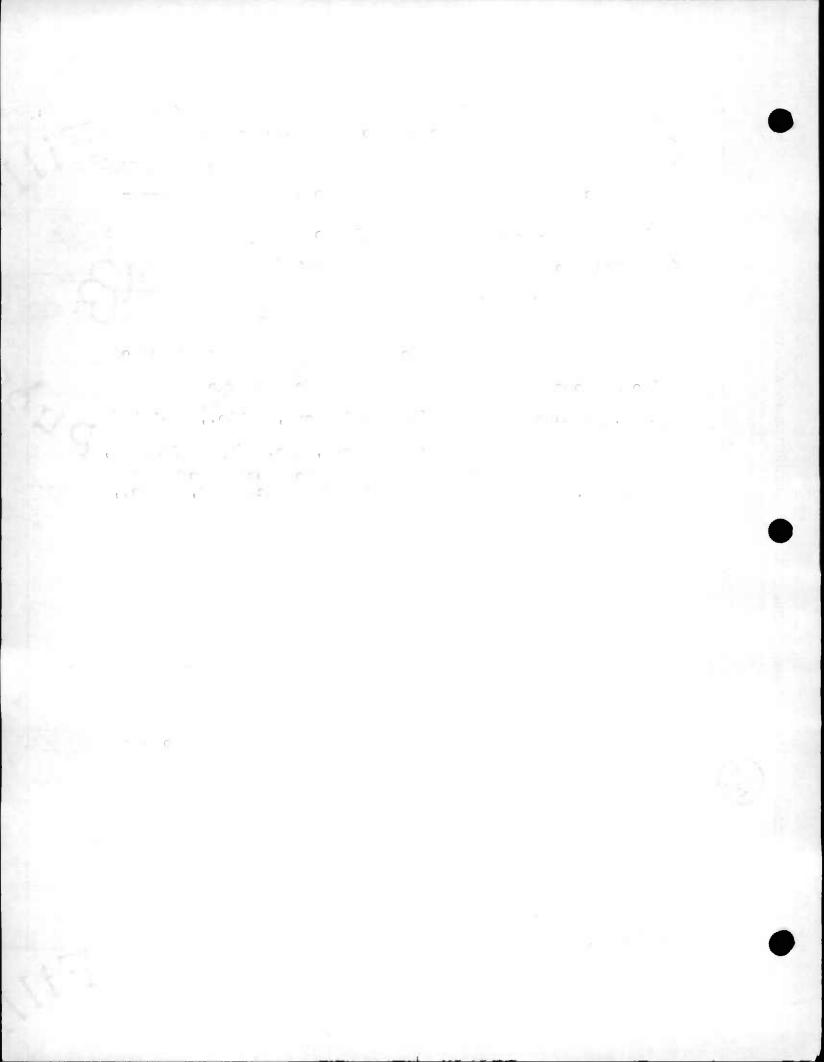
_						TOAT		267	* 1 0	HEG. NO.			
	1. DECEDENT'S NAME (First)	Victoria in the		-	1					2. DATE OF DEATH 04/23/91	Y	YEAR	3. TIME OF DEATH 6:00 P
	George H	2	MOYI										
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	IPLACE (State or Foreign ry)
	200-10-62 9a. FACILITY NAME (# not in		1, M 2 F	7	4 1113.					11/06/16			PA
œ	The second second		CHEST VANCOR.		96. CITY, TOWN OR LOCATION OF DEATH Baltimore							PEATH	
DIRECTOR	TO J		Avenue			Ba.	LCIM	ore			City		
Ä	10e. STATE	10b. COUNTY	1		10c. Cl	TY, TOWN OR LOCATION					10d		
	MD.	Balti	imore Cit	cy	Ba	ltimore							LIMITS? 1 X YES 2 NO
¥	10e. STREET AND NUMBER						10	1. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?		
ا پ	1515 Park	Avenu	ie			21217				U.S			A.
FUNERAL	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDED FORCES?	NT EVER IN U.S.	ARMED NO	13.				RC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No-	14, RAC Blac	E — Americen Indien, k, White, etc.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES 1946 -1949						1 TYES	3)CKNO	Specify			Spec	White
COMPLETED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a.	Give kind of	work done	during me		ing	16b. KIND OF BUS	SINESS/IN	DUSTRY	
9	Elementary/Secondary (I)-12)	College (1-4 or 5		Iffe. Do NOT L	ise retired.)							
₹	Ma				achin	e Ope	erat			Martin		letta	3
8	17. FATHER'S NAME (First, Middle, Lest) Dreese Lester Moyer								ME (First, Middle, Maiden				
BE	•									a Mary Rho			
2										Route Number, City or Tow.			-1224
	Ruth Blac			20b Dt 4					e n.	DATE 20c. LO			
						Is Me	place) em.	Ceme	tery	4/26/91 Mid	dle	Riv	er, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Martin J. Dippel B				22.	NAME A	ND ADDRE	SS OF FA	CILITY Dippel	Fune	eral	Home, Inc.	
	· mar	lon y	· Deppe	El 4/2						Road Balt			
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Onset end Deat Onset and Deat Onset on Deat Onset On									Onset end Death			
H	resulting in death) LAST												
	PART II. Other algnifica	ent condition	ns contributing to	o daeth but n	ot resulting	In the u	nderivir	o cause	alven in	Part I. 24e. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
E MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in						V+	<u> </u>		PERFOF			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
X	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one)			
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpation	n 3 🗆 DOA	OTHE		110 5 🗆 F	lesidence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF JURY	W	JURY AT ORK? YES 2		28d. DEŞCRIBE HOW I	NJURY O	CCURED	
ED BY	2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	28e. PLACE building	OF INJURY — A	t home, farm,	street, fac				281. LOCATION (Street City or Town, State)		er or Rural	Route Number,
COMPLETED	ane)									to the cause(e) end me			e) end menner ee stated.
	29b. SIGNATURE AND TITLE		- 40	11	2	11			ENSE NUI				D (Month, Day, Year)
8	1		150	-/	7			1	75-	37	•	4.	24-91
임	30. NAME AND ADDRESS O	F PERSON WI	IO COMPLETED CAI	USE OF DEATH	(ITEM 27) (Tvs	e, Print)		1 1	-	/		,	- 11
	Darshans Sa		M.D. 16	500 Mt.	Roya	1 Av	enue	Ba	ltim	ore, MD.	2121	7	
	31. DATE FILEDAPROS	26 199	32. REGISTA	Laurdson	- Aand	02							

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DHMH-16 Rev 1/89

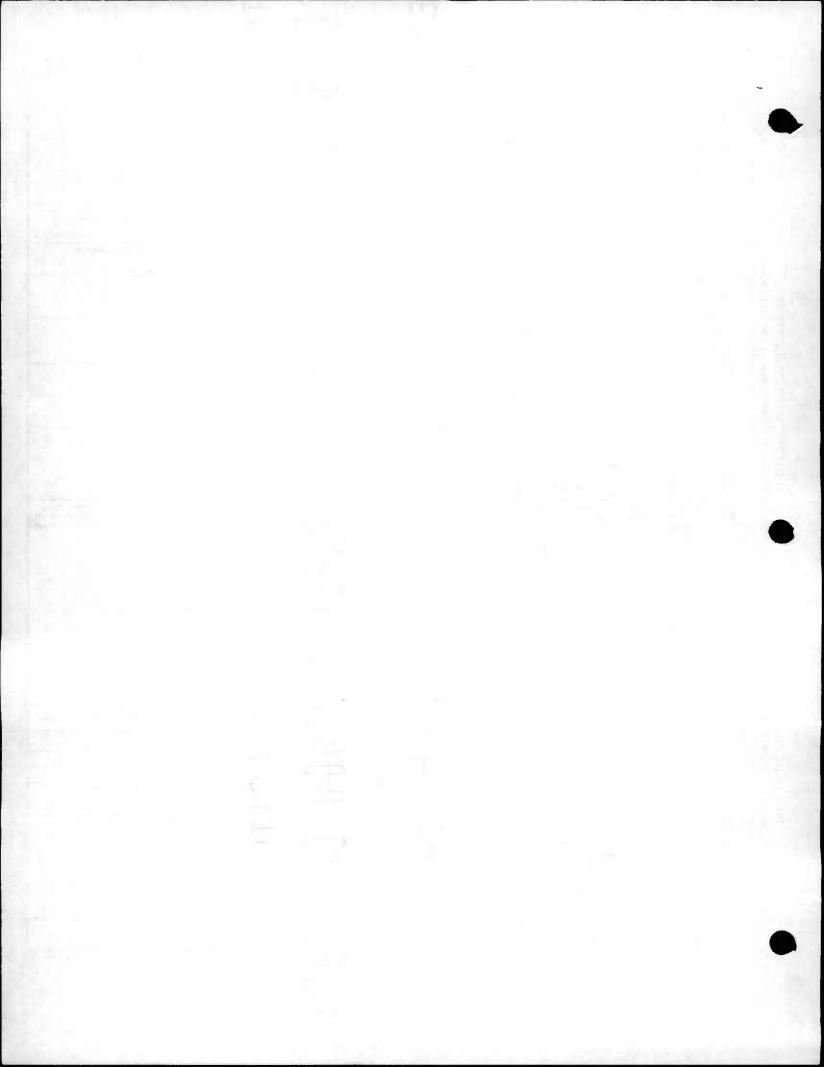
SION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TELEMENT TO LAW requires that the death certificate be executed within 2., nours after death. Page 6 may be retained by the hospital or attending physician.	The transform that the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	The state of the state and Mental Hygiene prior to burial, cremation, or removal.	or have an item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	THE HOSPITAL OR ATTEMPTED SEC	THE FUNERAL DIRECTIFY OF THE PIN SE	filed within 72 hours at 15 th 15 th	PORTANT II them 2 has
	=		Δ	-

	1 - FOR STATE OF M	ARYLAND / DEPAR CERTIF		HEALTH AND M	IENTAL HYGIENI	E				
7	1. DECEDENT'S NAME (First, Middle, Last)	<i>~</i> /			2. DATE OF DEATH AND DA	-22-9	AR, 3. TIME OF DEATH 41 9			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	John	Pastore	7. DATE OF BIRTH	2 9	BIRTHPLACE (State or Foreign			
	216-20-5491 10/201	(3) YRS.	MONTHS DAYS		(Month, Day, Year)	27 Maryland				
	9s. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY				
OR	Joseph Richey Hospic	е	Balt	imore						
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION		10d. INSIDE CITY				
E	Maryland		Balt	imore			1 X YES 2 NO			
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	4630 Belair Road			21206			SA			
BY FU		TEVER IN U.S. ARMED X YES 2 NO AR OR DATES	If yes,	Specify Cuben, Mexican Specify NO Specify.		or No 14.	RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDUS				
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	work done during se retired.)							
MP		Brick	Laye			truct	ion			
	17. FATHER'S NAME (First, Middle, Last) Vito Pastore				we (First, Middle, Malden e Trionf					
H	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre		oute Number, City or Tow		rde)			
2	Ruth C. Pastore				Balto.,					
	20e. METHOD OF DISPOSITION 1	20b. PLACE OF DISPO	SITION (Name of	cemetery, crematory or	20c. LO	CATION City	y or Town, State			
	4 Donetion 5 Other (Specify)	Metro Cr	remato	ry, Inc.	4/23 B	altim	ore, MD			
	21. SIGNATURE OF TUNEDAL SERVICE LICENSES	the same	Cre	mation S	ociety o	f Mar	yland			
172	George E. MacNabb		299	Frederi	ck Road,	Balt	o., MD 21228			
	23. PART I. Enter the diseeses, or complications the shock, or heart failure. List only one cau IMMEDIATE CAUSE (Finsi disease or condition	se on each line.			ss cerdiec or reap	retory strest	Approximate interval Between Onset end Desth			
	resulting in death) a. CARROPULMSWARY AREST DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions, Due to (or as a consequence of):									
ATIC	If any, leading to immediats cause. Enter UNDERLYING	(OR AS A CONSEQUENCE O	OF):		1					
CERTIFICATION	CAUSE (Disease or Injury C.	(OR AS A CONSEQUENCE O	OF):							
FH	resulting in death) LAST									
	PART II. Other significant conditions contributing to	death but not resulting	in the underly	ying cause given in			24b. WERE AUTOPSY FINDINGS			
MEDICAL					PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
					-		1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		-	. PLACE OF OEATH (Ch	ack only one)					
YSIC	HOSPITAL.	ER/Outpetient 3 🗆 DOA	OTHER: 4 - Nursing I	tome 5 - Residence	6 X Other (Specify)	Hosp	ice			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED			
	3 Suicide 280. PLACE C	F INJURY — At home, farm, etc. (Specify)	, atreet, factory, o	office	281. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of a									
TO BE C	290. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU CARLOS PAGE, M.D., 101	W. READ ST. , S		, BALT.	m SIZOI					
	APR 26 1991 gine Day	dson-hander								



mit. Pages 1, 2, 3 should

1	FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGI					
() ()	DORIS		AULIS	552	2. DATE OF DEATH	DAY	3. TIME OF DEATH 1 02:15A			
	213-14-2776	1 🗆 M 2 😾 F	71 YRS. MONTH		(Month, Day, Yea 03-13-2	20	BIRTHPLACE (State or Foreign Country) Maryland			
- 11	GREATER BALTI			TOWSO:			Y OF DEATH TIMORE			
, ,,,-	RESIDENCE OF DECEDENT 10b. COUN MADVI AND			OR LOCATION	(TOLICON)		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	0e. STREET AND NUMBER	LTIMORE	BAL	10f. ZIP CODE	(TOWSON)		EN OF WHAT COUNTRY?			
	909 METFIELD 1. MARITAL STATUS Never Merried 2 Married X Widowed 4 Divorced	N U.S. ARMED 1 2 1 NO NATES	3. WAS DECENDENT OF HIS If yes, specify Cuben, May 1 YES 2 NO Specific No. Specific	dcan, Puarlo Rican, atc.	Vea or No-	A. 4. RACE — American Indian, Black, Whita, etc. Specify: White				
COMPLEIED	15. DECEDENT'S ED (Specify only highest gra-	OUCATION de completed) College (1-4 or 5 +)	18a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	PATION 16b. KIND OF BUSINESS/INDUSTR					
- L	12	2	Branch Man		Stanle		Products Co.			
ř L	Dennard Linwood	Brinsfield		Lillia	an Elizabe	th Mari				
) '	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edward T. Paulis 2512 Girdwood Rd., Timonium, Md. 21093									
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Brookview Methodist Cem. 4/24/91 Brookview, Md.									
- 10	21. SIGNATURE OF FUNERAL SERVICE LICENSET 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204									
	shock, or heart failure. List only one cause on sech lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) CARDIAC FAILURE FOLLOWED BY RESPIRATORY DUE TO (OR AS A CONSEQUENCE OF): FAILURE DUE TO (OR AS A CONSEQUENCE OF): FRONTOPARIETAL CVA W.FM MOSSIVE Cerebrol CAUSE (Disease or injury)									
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (UH AS A CONSEQUENCE OF):								
	PART II. Other significent condition	ons contributing to deeth	but not resulting in the	undarlying ceuse given	PEI	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF DEATH	(Check only one)					
	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY	28b. TIME OF	tursing Home 5 ☐ Rasiden 28c. INJURY AT	ce 8 Other (Specify) 28d. DESCRIBE H		JRED			
	1 Natural 5 Pending 2 Accident Investigation		INJURY	WORK?						
	3 Suicide 8 Could not b	building, etc. (Sp.	Y — At home, farm, street, ecify)	actory, offica	City or Town, S		r Rural Route Number,			
COMPLE	and and	YSICIAN: To the best of my known					d. cause(a) and manner as stated.			
H i	29b. SIGNATURE AND TITLE OF CERTIF		D -	29c. LICENSE			SIGNED (Month, Day, Year) + 22 41			
2	BO, NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)	1C 6701 P	J. Charles	St To	wson, Md.21204			
t	T. DATE FILED (Month, Day, Year)	12. NEISISTRAR'S SIG	NATURE	- 07011	onarres	DC.,10	woon, rid, 21204			



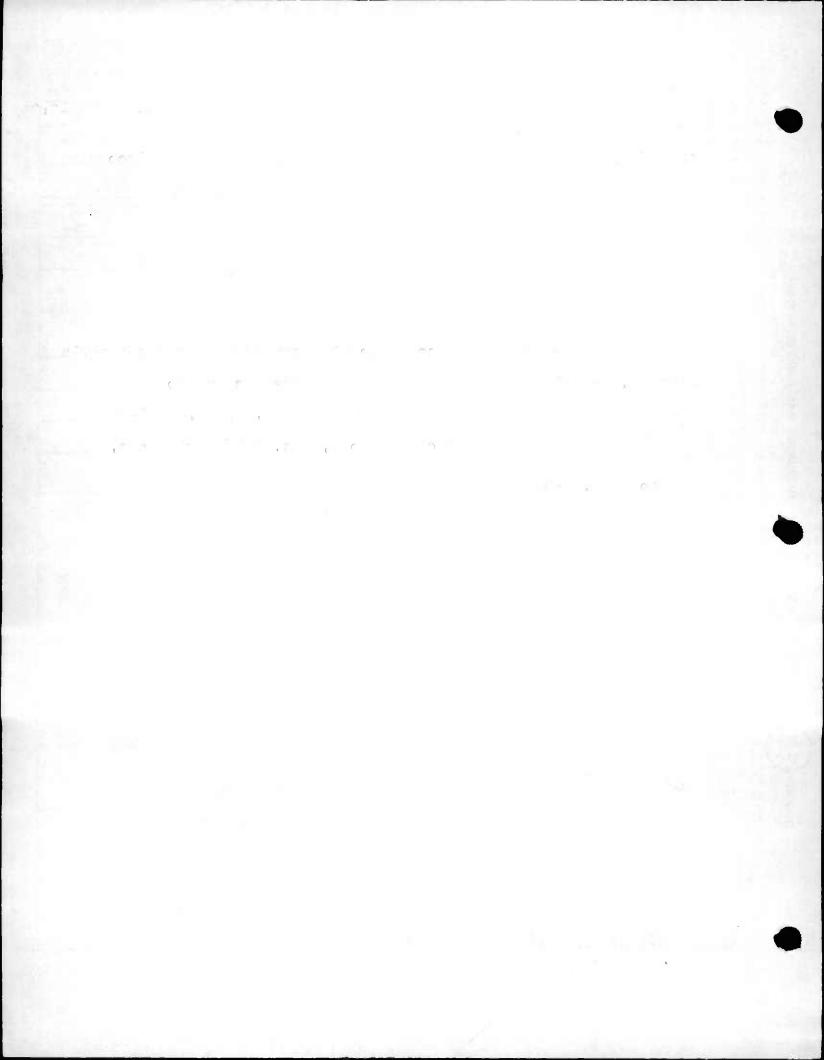
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TO THE HOSPITAL OR ATTENDING FORTH A law requires that the death certificate be executed within a four state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After the certification has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

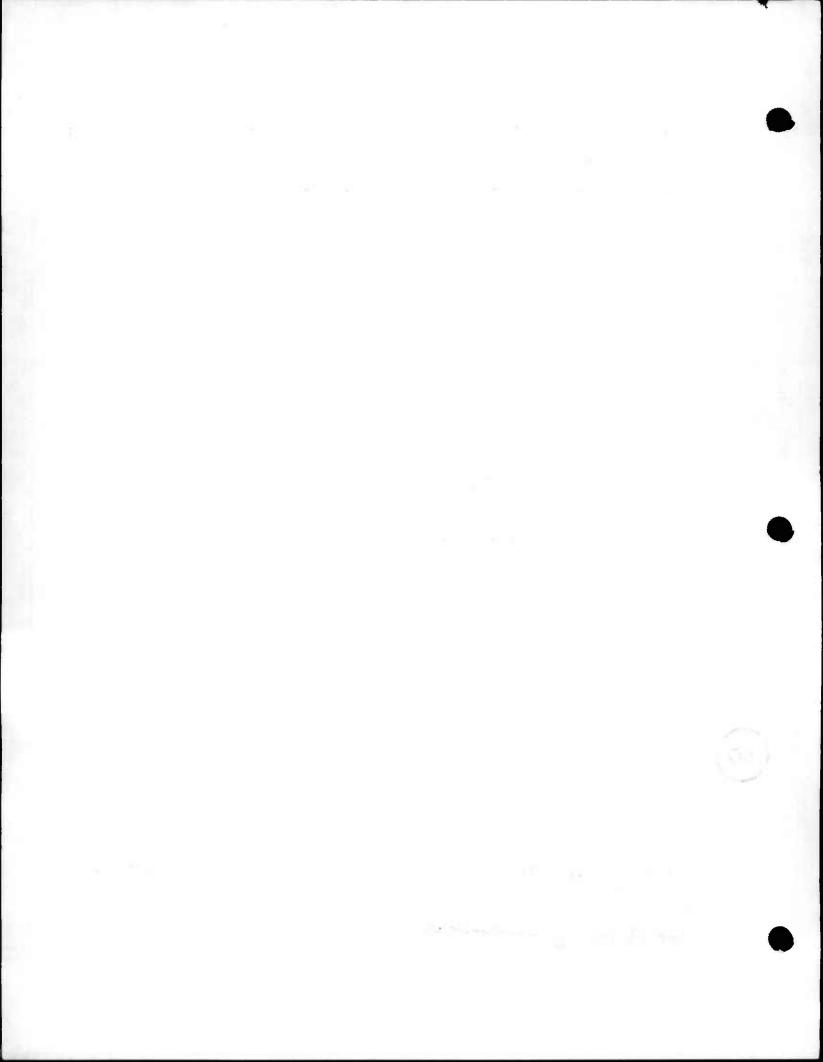
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION

	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH			YGIENE EG. NO.	111282		
	1. DECEDENT'S NAME (First, Middle, Last)	Gerald Le	e Rand	all			2. DATE OF I	DEATH 4-23-	91 3. TIME OF DEATH 2: 25		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. last birthday)	IF UNDER 1	YEAR IF LINDES	R 24 HRS.	7. DATE OF E	URTH I	BIRTHPLACE (State or Foreign		
	215-36-5198	1½□M2□F 48			DAYS HOURS	MIN.	(Month, Da	y, Year)	Country)		
	9a. FACILITY NAME (If not institution, give si	10		9b. CITY. T	OWN OR LOCATI	ON OF DE	12-16		Wisconsin Y OF DEATH		
NO BO	309 Ingleside A				onsvill				HTIMORE		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c CIT	Y, TOWN OR	LOCATION			10d. INSIDE CITY			
DIRECTOR		altimore Co	100.01	i, iown on	LOCATION	Cato	nsvill	e	LIMITS?		
	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITIZI	EN OF WHAT COUNTRY?		
8	309 Ingleside Av	enue			212	28		U	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 1 NO	H	AS DECENDENT (yes, specify Cubi YES 2 X NO	en, Maxicer	pecify Yae or No— 1 n, atc.)	RACE — American Indian, Black, White, etc. Specify:			
	- AN - 11 - COP - 1								White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	work done du	CUPATION ring most of worki	ing	16b. KIN	D OF BUSINESS/INDU	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)						~	0.00		
M	17. FATHER'S NAME (First, Middle, Last)	4yrs	uccu	patio				State le, Maiden Sumame)	of Maryland		
		. 7 7									
BE	James A. Randa	1000000				Naughton					
2	Susan Randall	196. MAILING ADDRESS (Street and Number or Rural Ro Daug 7843 Mayfair Circl							337.5		
		Daug	7047				re, r	20c. LOCATION — C			
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 11	1 Buriel 2 & Cremation 3 Removel from Blate Metro Crematory, Inc. 4/26 Baltimore, MD									
	21. SIGNATURE OF FUNERAL SERVICE LIC						CILITY				
	George E. M							te Anatom			
	23. PART I. Enter the disesses, or o		24/91					BaltoN			
		a. Exsanguir Ation due To multiple Seff DUE TO (OH AS A CONSEQUENCE OF): FIFTI CTED LACERATIONS Interval Between Onset and Death Interval Between Onset and Death									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in death) LAST	rust unitiated availts									
CALC	PART II. Other algnificant condition	s contributing to death i	out not resulting	in the und	lerlying cause	given in	Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC							— ¹	YES 2 AO	OF DEATH?		
=							_				
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF	DEATH (C)	eck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	4 Nursi	: ng Home 5 🖭	Residence	6 Other (S	pecify)			
ξ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TI	ME OF	26c. INJURY AT WORK?		28d. DESCR	BE HOW INJURY OCC	URED		
ВУР	1 Natural 5 Pending Investigation	4. 23.4	1 12	M		No	Solt	FAFLIS	TEd (KAZOR)		
	2 Accident Investigation 3 Suicide a Could not be	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,	street, facto	ry, office		261. LOCATIO	ON (Street and Number own, State)	or Rurel Route Number,		
逆	4 Homicide determined	Home -	11. 15	10/05	OF AV	o P	To	own, state)	22 F md		
2	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know		1	ne date and plac	a and due	to the counci	a) and manner as state	ul .		
COMPLETED		And the second s		-					o cause(s) and manner as stated,		
				1			3917-1112-		TEXT TO SERVICE STATE OF		
8	296. SIGNATURE AND TITLE OF CERTIFIE	ausor	IIS A	ip.	200_11	CENSE NUI	MBER	29d. DATE	E SIGNED (Month, Gey, Year)		
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ		1.		-				
	E. P. Mil	IAMSOM	I 40	15 F	Redex	ret	1402	-CAT	UNIVILLE		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					=2	125 8 md		



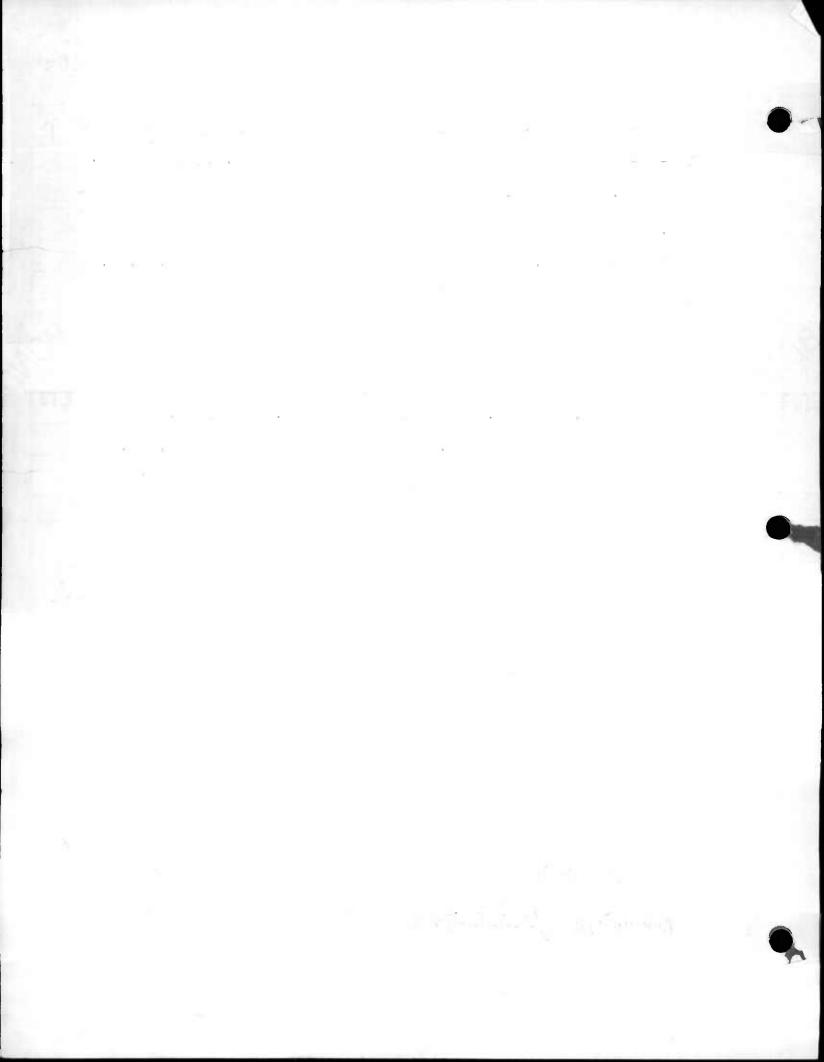
TO THE HORPITAL DIRECTOR. And this persists has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the filled within 72 fours after death. Page B mounted by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 fours after the filled within 72 fours after the filled of the filled within 72 fours and the filled of the filled by the transmitted of the filled of the filled at once.	TO THE HOSPITAL OR ATTENDING PARTIES. The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hosp	ding physician and completely filled in by the funeral director, page 5 should be detache typiene prior to burial, cremation, or removal.	r other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING DIFFERENCE TO THE PLANERAL DIRECTOR: All this scraffic he be find within 72 hours after dech with SSE DIMPORTANT. If from 28 is marke of them	law requires that the death c	as been signed by the attending of Health and Mental Hy	23 shows any Injury, or	
TO THE HOSPITAL OR ATTENDING BY TO THE FUNERAL DIRECTOR, AN 11 be field within 72 hours after death important; if teen 28 is man	1	his pertifical h	The light	
TO THE HOSPITAL TO THE FUNERAL De flied within 72 IMPORTANT: II	OR ATTENDING B	DIRECTOR: Aft. 1)	Item 28 is mari	
	TO THE HOSPITAL	TO THE FUNERAL.	MPORTANT: II	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE REG. NO.	- 1		1. 0 0
	1. DECEOENT'S NAME (First, Middle, Last,		n.			2. DATE OF	DEATH	ye.	3. TIA	ME OF DEATH
			D. RORAPA			-	25,19			15 A. M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF E (Month, Da	ly, Year)	C	ountry)	(State or Foreign
	225-09-4210 9e. FACILITY NAME (If not institution, give						23,19	_	IARYL	AND
۳	GOOD SAMARITAN H	and the same of th			TIMORE	DEATH 9c. COUNTY OF DEATH				
용	RESIDENCE OF DECEDENT			<i>D</i> .113	THORE .					
DIRECTOR	10a. STATE 10b. COUN			, TOWN OR LOCAT					1	INSIDE CITY LIMITS?
	MARYLAND BAI	LTIMORE	C.F.	TONSVIL	LE L ZIP CODE		L	Og. CITIZEN		YES 2 XNO
RA	609 MEYERS DRIVE	7.			21228		1"		S.A.	CONTRY
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI			No- 14. F	RACE - An	nericen Indian,
BY F	1 Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES NO		ecify Cuben, Mexico 2X NO Specif		n, etc.)		Black, White Specify:	
	15. OECEDENT'S ED	I CATION				1				WHITE
COMPLETED	(Specify only highest grad	de completed)	18e. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo	ost of working	16b, KIP	O OF BUSINI	ESS/INDUSTI	4Y	
립	12	College (1-4 or 5+)	TECHNIC	AN		CAT	ONSVI	LLE CO	MMUNI:	TY COLLEGE
Š	17. FATHER'S NAME (First, Middle, Last)		L	_	18. MOTHER'S NA	AME (First, Midd	le, Meiden Sur	name)		· · · · · · · · · · · · · · · · · · ·
BE	JOHN E. DAVIDSON	I SR.			BEULAH	RIGGI	NS			
P	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural					
	LAURANCE A. RORA				DRIVE, CA	TONSVI				1228
	20a, METHOO OF OISPOSITION 1 N Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from Stata	b. PLACE OF DISPOS other place) RESTLAWN	ITION (Name of ce CTMTTED	metery, crematory or V			TON — City of		, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L		KEDILAWA			ACJULTY				
	Inda 1	2 11/11/	,	LEROY	M. & RU	SSELL N AVEN	C. WI	TZKE F	UNER.	AL HOMES
Н	23. PART i. Enter the disesses, or	complications that salves	d the death. Do a							MD.21228
	/ahock, or heart failure	. Liet only one cause on e	each line.	ot enter tha mo	oda or dying, suc	on as cardiec	or respired	ory arrest,	- 1	Approximate interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Cand	iac	2110	1				ľ	Unset and Death
	resulting in deeth)	*-	A CONSEQUENCE OF							
z	On any and all the first and distance	. ARI	5							
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7):						
2	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	COUF TO (OR AS	A CONSEQUENCE OF	n.						
Ē	that initiated events resulting in death) LAST		N OONOE OLINOE O	,					į	
		0.							+	
CAL	PART II. Other algnificant condition	one contributing to deeth	but not resulting i	n the underlyin	g ceuse given in	Part i. 24	e. WAS AN AU PERFORME		AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO
			-			1	YES 2	NO NO		PLETION OF CAUSE EATH?
AN: MED									1 🗆	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	heck only one)				
Sici	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	ne 5 🗆 Residenca		pecify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN.	JURY AT		BE HOW INJ	URY OCCURE	0	
B.	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆						
	3 Suicide 8 Could not b	e 28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, a	street, factory, offic	00	28f. LOCATIO City or To	ON (Street and lown, State)	Number or R	ural Route N	lumber,
E										
COMPLETED	and and	SICIAN: To the best of my know								
8		NER: On the basis of examination	on and/or investigation	n, in my opinion,			d place, end o	fue to the ce	use(e) end	menner ee stated.
H	29b. SIGNATURE AND TITLE OF CERTIF	en . de			29c, LICENSE NU	IMBER	2	9d. DATE SIG	NED (Mont	h, Day, Year)
2	30. NAME AND ADDRESS OF PERSON Y	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print)	<u> </u>			TI	~/	- ()
			GOOD SAMA		OSPTTAT.	ВАТ.ТТМ	ORE	Α ΤΥΥΑΝ	ND	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			ODITIME	Daily L LF1	UKE, I	LTIN I LIF	7117	
	APR 26 1991	1- Demissor-								



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ** after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Į.	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC				GIENE		
	1. DECEDENT'S NAME (First, Middle, Last) Mc74	J. /	REED		IF UNDER 24 HRS.	2. DATE OF DI	24	YEAR C	3. TIME OF DEATH
2	164-22-8691 Sa. FACILITY NAME (If not Institution, give s Mason F. Lord	1 M 2 B F 71	n yrs. lest birthdey) II MC	RTH (Year) 2 , 1919	Count	nna.			
DIRECTOR	RESIDENCE OF DECEDENT	prog.		Darvi	more Cit	СУ			
Ä	10e. STATE 10b. COUNTY			TOWN OR LOC					10d. INSIDE CITY LIMITS?
		timore	IV	_	River				1 TES 2 TO NO
FUNERAL	9801 Tailspin	Ln.		1	21220		100717		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 1 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, t	cendent of Hispani pecify Cuben, Mexican S 2 NO Specify:	, Puerlo Ricen,		Spec	E — American Indian, k, White, etc. 10: 1 te
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	UAL OCCUPAT	ION post of working	16b. KINE	OF BUSINESS	S/INDUSTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r Homema						
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM			me)	
BE (Rosario Con	tino			Naomi	Clir			
2	19e. INFORMANT'S NAME (Type/Print)	Dood Too			and Number or Rural R				20
	Claybourne H. 1				pin Ln.				
	20e. METHOD OF DISPOSITION 1	noval from State	other plece) Stan	islau	s Cem		Balto		
	21. SIGNATURE OF FUNERAL SERVICE LI		1	22. NAME	AND ADDRESS OF FAC	CILITY	N = 2 4	20-3	04.000
	· Colt	Connel	ly	Conn	110 Soll elly Fur	neral	Home	of D	undalk
	23. PART I. Entar the diseases, or ahock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sepole		t entar tha n	oda of dying, such	n as cerdiac	or respiretor	y arrest,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequantielly list conditions, if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):	te C	ar cen	Me	2		mnK
MEDICAL	PART II. Other significent condition	ns contributing to daeth b		the underly	ing ceuse given in I		WAS AN AUTO PERFORMED? YES 2		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Z6. OTHER:	PLACE OF DEATH (Che	eck only one)			
PHYSICIAN:	1 TYES 2 THE STATE OF DEATH	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)		OF 28c. I	NJURY AT YORK?		ecity) BE HOW INJUR	Y OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation		I I	M 1	YES 2 NO	201 LOCATIO	M /Pirest and M	umbas as Rusal	Boudo Alumbar
TED	3 Suicide 6 Could not be 4 Homicide determined								
COMPLET	one)	SICIAN: To the best of my know IER: On the basic of examination	Commence of the commence of th						(e) end menner ee stated.
B	296. SIGNATURE AND TITLE OF CERTIFIE	win ?	٠		29c. LICENSE NUN	1889	29d	DATE SIGNE	O (Mghth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	· 12.00	ATH (ITEM 27) (Typo, F	Print) 40 S.	15tzRu	1 (3	a (40	M.	121224
	31. DATAPR (M276°) 1991	G SALES SALES SALES SALES							



TO THE FUNERAL DE FINE FUNERAL DE FIED WITHIN 72 PO IMPORTANT. IN IN

irked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

91-2185-510 FOR 1 - STATE BEGISTRIC

	REGISTRAR		CERTIF	ICALE O	- DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Lest) Linwood	FRON	Richards	son		2. DATE OF DEATH MONTH 04 20	DAY 199	3. TIME OF OEATH 2:25 P M
	4. SOCIAL SECURITY NUMBER 212-44-0983	1 M 2 🗆 F	(In yrs. last birthday) HH YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 6-23-	46	BIRTHPLACE (State or Foreign Country)
~	9e. FACILITY NAME (If not institution, give si				OR LOCATION OF D	EATH	24. 27.20	Y OF DEATH
20	Johns Hopkins F	lospital	Balti	nore		Balti	more City	
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1931 N. BROOK	UAY			2120	5	10g. CITIZE	U. S.A.
BY FUN	11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,		NIC ORIGIN? (Specify 'en, Puerto Ricen, etc.) fy:	fee or No— 1	8. RACE — American Indian, Black, White, etc. Specify: RI por L
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF E	USINESS/INDU:	STRY
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during se retired.)	most of working	IND	1156	V
8	17. FATHER'S NAME (First, Middle, Last)			GU/A	18. MOTHER'S N	AME (First, Middle, Meid	en Surname)	7
BEC	LEONARD 7	RICHARDS	N		DELO.	ges Ji	ackso	20
9	19e. INFORMANT'S NAME (Type/Print)	, _	19b. MAILING	ADDRESS (Stre	et end Number or Rural	Route Number, City or 1	bwn, State, Zlp C	
	20a, METHOD OF DISPOSITION	15	Db. PLACE AND DAT	/V. /	DONHORL	9 BAL	To: //	D. 21205
	1) Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State	Cemetary, cremator	or other place)	2	4 pc pr CA	TICKS VII	ty or Town, State
	b Litta	FIH		112ª	AND ADDRESS OF F	enLine S	T- Ro	KTO M/2124
		complications that cause List only one cause on		not anter the	node of dying, au-	ch ae cerdiac or re	apiretory arres	Approximate interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. GUNSH	A CONSEQUENCE O		P CHE	ST		Onset and beath
NOI	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE O	PF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C DUE TO (OR AS	A CONSEQUENCE O	PF):		·		
ERT	resulting in death) LAST	d						
	PART II. Other aignificent condition	s contributing to death	but not resulting	in the underig	ring ceuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL							ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC						_ [^		1 YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
H	27. MANNER OF DEATH	1 X Inpetient 2 - ER/Ou 26s. DATE OF INJURY	28b. Tif	E OF 28c.	ome 5 Residence	6 Other (Specify)	W INJURY OCCL	PRED
Y	1 Netural 5 Pending	04 20		O9AM 1	WORK? ☐ YES 2 X NO	Subject	shot	100
•	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp	ty — At home, farm,	street, factory, o	ffice			r Rural Route Number,
	Homicide datermined		treet			900 block	N. Bro	oadway
_	anal and	ICIAN: To the best of my kno						
COMP	MEDICAL EXAMINE	R: On the basis of examinati	ion end/or investigati	on, in my opinio	n, death occured at th	e time, date end piece,	end due to the	ceuse(e) end manner ee stated.
H	296. SIGNATURE AND TITLE OF CERTIFIE	()()()	6.1		29c. LICENSE NO	MBER	29d, DATE	SHONED (Month, Day, Year)
5	MI NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF	ESTH OTEN OT C	a Drivet	0.C.N	I.E.	▶ 04	21 1991
1	MARIO F GOLLE,	JR-MP	1		Street,	Baltimore	Maryl:	and 21201
	31. DATE FILED (Month, Day, Year) APR 26 1991	32. REGISTRAR'S SIG	-Randess					
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, IN DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

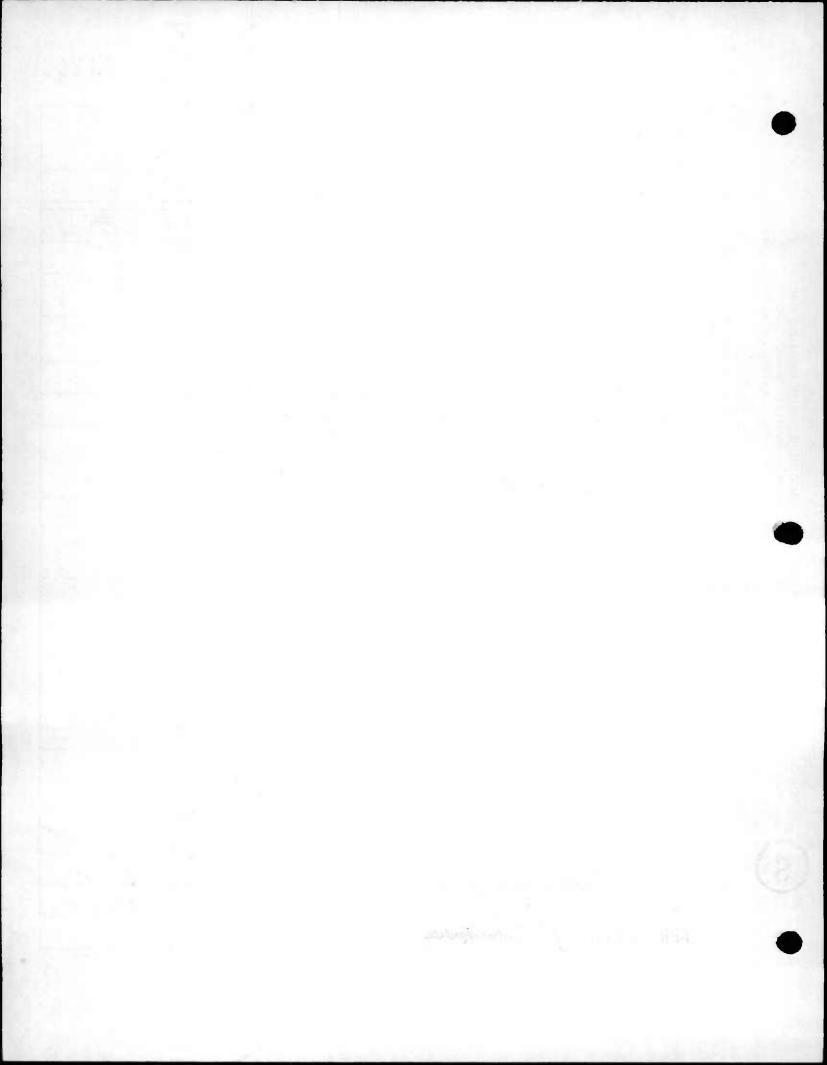
31. DATE FILED (MONTH, Day, Year)
APR 26 1991

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in by	r remov	vent, the medical examiner must be notified at once.
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mpletel	, crematic	vent,
and co	burial	atic e
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ing physician and completely filled in by the funeral	glene p	rked, or item 23 shows any injury, or other traumati
attendii	Ital Hy	y, or
y the	he State Dept. of Health and Mental Hygler	infer
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After	death	s ma
ECTOR	3 after	n 28 i
IL DIR	72 hour	IMPORTANT: If item 2
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	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAF ERTIF	RTMEN	T OF H	EALTH DEAT	AND TH	MENTAI	. HYGIEI		9		117	288
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY		3. TI	ME OF DEA	тн
	FREDERICK	0.			STRU	ICK			APRI			991	11	1:45	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)		R 1 YEAR	IF UNDER	_	7. DATE	DATE OF BIRTH Month, Day, Year) 8. BIRT Cou			HPLACI	E (State or Fo	oreign
	066-01-3499	1√M 2 □ F	86	YRS.	MONTHS	DAYS	HOURA	MIN.	NOV	. 3,	1904			ERSEY	
	Se. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	y, TOWN C	R LOCATI	ON OF D	EATH		9c. COU	INTY OF	DEATH		
OR	FRIENDS NURSING	HOME	OME SANDY SPRING								MON	TGO1	MER	Z	
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c, C/1	Y. TOWN	OR LOCAT	ION						10d	INSIDE CITY	Y
DIRECTOR	MARYLAND HOW	VARD			COLU								9.00	LIMITS? YES 2 X	
	10e. STREET AND NUMBER	TIND		1	COLO		. ZIP COD	E			10g, CIT	IZEN OF		COUNTRY?	Į no
FUNERAL	5619 VANTAGE POIN	T ROAD					210	44			US				
	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC			NIC ORIGIN	? (Specify Ye		14. RAC	E — Ar	merican Indi	len,
BY FI	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2X	NO If yes, specify Cuben, Mexica				can, Puerto Rican, atc.)				Black, White, atc. Specify: WHTTE			
ED	15. DECEDENT'S EOU	CATION	TION 180. DECEDENT'S USUAL OCCUPATION					18b.	KIND OF BI	USINESS/IN	OUSTRY				
Щ	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +	116.	Sive kind of a. Do NOT u	work done se retired.)	during mo	st of worki	ng							
COMPLETED		5+	C	ONTR	OLLE	R				OIL					
00	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	AME (First, I	Aiddie, Maide	n Surname)				
BE	SALO M. STRUCK						P	AULI	NE I	E. LI	SIEW	SKI			
70	19e. INFORMANT'S NAME (Type/Print)									oer, City or To					
-	MIRIAM STRUCK	(WIFE)							AD, CO	LUMBI	[A, M	ARYL	AND	2104	44
	20a. METHOD OF DISPOSITION 1 Burlel 2 Z Cremation 3 Rame	oval from State	20b. PLACE other pi	(ace)			netery, crer	metory or			OCATION -				
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENGE	METR	O CR	-		NO ADDRE			CAT	CONSV	ILLE	, MA	RYLAN	1D
	K Chaig 6	1 th	e		L	EROY	M. 8	& RU	SSELI	C. V					
	23. PART I. Enter the diseases, or canock, or heart fellure.	complications that List only one cau	t caused the de	eath. Do	not enta	r tha mo	de of dy	ing, suc	ch as card	lisc or res	piratory s	rreat,	1	Approxim	
	IMMEDIATE CAUSE (Final disease or condition	0			,									Onaet an	d Death
	reaulting in death)	· IM	nue	AS A CONSEQUENCE OF:									-	7 dc	صيد
		CO O						2 0	7						1
ON	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):							-						
ATI	if any, leading to immediate cause. Enter UNDERLYING		,		,								İ		
CERTIFICATION	CAUSE (Disease or Injury that initiated events	OUE TO	OUE TO (OR AS A CONSEQUENCE OF):									+			
R	resulting in death) LAST	d.													
т.	PART ii Other significent condition	n contribution to	double but mak		in the o	m el melo el m		-1 1-	Deat 1						
PHYSICIAN: MEDICAL	PART II. Other anguintcent condition	aditional contributing to death but not resulting in the underlying cause given in Part i.									ORMED?	24	AWAIL	LABLE PRIOR	R TO
Ĭ									_	1 TYES	2 1 NO	-		PLETION OF DEATH?	CAUSE
X												- 1	1 🗆	YES 2	NO
AN	25, WAS CASE REFERRED TO MEDICAL														
S	EXAMINER?	HOSPITAL:			OTHE	B			heck only or						
1YS	1 YES 2 NO	1 Inpatient 2 28a. DATE OF		28b. Til			IURY AT	esidence	8 Othe	r (Specify) SCRIBE HOW	AN HIRV OV	CCUREO			
	1 Natural 5 Pending	(Month, D		IN	JURY	WC	PRK?	□ NO	200, DE	CHIBE HOW	INJUNY O	CONED			
В	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE C	F INJURY At h	ome, farm,	street, fo				28f. LOC	ATION (Stree	t end Numb	er or Rumi	Route	Number.	
8	4 Homicide 8 Could not be determined	building,	etc. (Specify)		,	,,				or Town, Stat			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
E	290. CERTIFIER TO FETTEVING PHYSI	CIAN: To the best of	mar konsula de	anth acco	med at the	Man - 412		acd :				432	_		_
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of a											(a) and	manner en	stated
					,	- paramy t				January Present					
B	29b, Signature And Title OF CERTIFIE	ma) Nu	0			29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNE	(Mon	th, Dev. Year	1
9	30 HAVE AND ADDRESS OF PERSON WH	O COMBI ETED CALL		()			LIC	250	30,0		1	77	VO	2.14	1

DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE



FOR STATE REGISTRAR

_	191-01-2173 90. FACILITY NAME (If not institution, give s	1 ☑ M 2 ☐ 〒	7	9b. CITY, TOV	N OR LOCATION OF DEAT	(Month, Day, Year) 3/16/19 TH 9c.	Country) West Va			
DIRECTOR	CHURCHHOSPIT FRESIDENCE OF DECEDENT 10s. STATE 10s. COUNT			BA1	CTIMORE C.	ΙΤΥ	10d. INSIDE	CITY		
	MD 10e. STREET AND NUMBER	· 		Baltimo	re	La	LIMITS? 1 ☑ YES 2 ☐ NO 109. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1120 Newcomb Wa				21205		U.S.A.			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR W . W . T T	ES 2 NO	If yes	DECENDENT OF HISPANIC, specify Cuben, Mexican, YES 2 NO Specify:	CORIGIN? (Specify Yee or No Puerto Rican, etc.)	14. RACE — American Black, White, atc. Specify: White	Indien,		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+) N/A	(Give I life. Do	DENT'S USUAL OCCUP hind of work done during NOT use retired.)	ATION y most of working	16b. KIND OF BUSINESS	s/MDUSTRY	0.1		
E COMPL	17. FATHER'S NAME (First, Middle, Last) Arley		llivan	elworker	18. MOTHER'S NAM	E (First, Middle, Melden Surna		eT.		
TO BE	190. INFORMANT'S NAME (Type/Print) Elma A. Sullivan		19b. M	20 Newcom	b Way Balt:	imore, Md. 2	1205			
	20e. METHOD OF DISPOSITION 1	noval from State	other place)	Crematory		Baltim	n - City or Town, State nore, Marylai	nd		
	21. SIGNATURE OF FUNERAL BERNICE LI	ICENSEE		Sch		eral Home, I	inc. e. Md. 2121	3		
					LUNG WITH	3				
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	A CONSEQUE	ENCE OF):	0.((A	Onset	7		
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR A d.	AS A CONSEQUE	ENCE OF):	0.((₩	Onset OPSY 24b. WERE AUTOF COMPLETE COMPLE	snd Death W The The The The The The The The The The		
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. DUE TO (OR A c. DUE TO (OR A d. ms contributing to death	AS A CONSEQUE	ENCE OF): ulting in the under	tying ceuse given in P	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	Onset On	snd Death W The The The The The The The The The The		
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR A d	AS A CONSEQUE	ENCE OF): ENCE OF): Lulting in the under DOA OTHER: A DOA Nursing 286. TINE OF 18JURY 286. TINE OF 18JURY	tylng ceuse given in P	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	Onset On	snd Death W The The The The The The The The The The		
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d.	AS A CONSEQUE The but not reserved. Outpatient 3 RPY 2017	ENCE OF): ENCE OF): Lulting in the under DOA OTHER: A DOA Nursing 286. TINE OF 18JURY 286. TINE OF 18JURY	tying ceuse given in P 6. PLACE OF DEATH (Check Home 5 Residence 8 : INJURY AT WORK? YES 2 NO	Part I. 24a. WAS AN AUTO PERFORMED: 1 YES 2 N ck only one) 0 Other (Specify) 28d. DESCRIBE HOW INJUR	Onset On	snd Death W The The The The The The The The The The		
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. POSPITAL: Inperient 2 PR/C 28a. DATE OF INJU (Month, Day, Yes 28a. PLACE OF INJ building, etc. (S	Dutpatient 3 Dutpa	ENCE OF): ENCE OF): Ulting in the under OTHER: DOA 4 Nursing 28b. TIME OF INJURY M 1 a, farm, street, factory,	tying ceuse given in P 6. PLACE OF DEATH (Check Home 5 Residence 8 1. INJURY AT WORK? YES 2 NO office	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 No. 25 N	Onset On	PSY FINDINGS RIOR TO I OF CAUSE		
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A DUE	Outpatient 3 URY — Al home Specify)	ENCE OF): ENCE OF): ENCE OF): Ulting in the under OTHER: A Nursing 28b. TIME OF 18b. Nursing Number of Nursing A Street, factory, A cocurred at the time, restigation, in my opini	tying ceuse given in P 6. PLACE OF DEATH (Check Home 5 Residence 8 1. INJURY AT WORK? YES 2 NO office	Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2 N Ck only one) B Other (Specify) 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street end N City or Town, State) to the cause(e) and manner of	Onset On	PSY FINDINGS RIOF TO GO F CAUSE		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

eadless to be seen

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF DEAT		IENTAL HYGIENI REG. NO.	E		
	DECEDENT'S NAME (First, Middle, Last) Mildred Irene S	mith					2. DATE OF DEATH MONTH DA	Y YE	3. 91	TIME OF DEATN 4:45 AM
	4. SOCIAL SECURITY NUMBER 216-36-2528	5. SEX 6. AGE (1	n yrs. last birthday) 84 YRS.	7. DATE OF BIRTH (Month, Day, Year) 01/31/07	8.	BIRTHPL/ Country)	ACE (State or Foreign			
OR	Bon Secours Ext	of DEAT	ГН							
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			TY, TOWN OR					10	Dd. INSIDE CITY
	Md. Howa	rd		Illico	tt City			40 0000000		YES 2 NO
ERA	8306 Elko Drive				210			10g. CITIZEN	US.	A COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 X NO ATES	II.y		n, Mexicen	C ORIGIN? (Specify Yee , Puerlo Rican, atc.)				
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done dur	UPATION ing most of workin	g	16b. KIND OF BUS	INESS/INDUST	RY	-
MP	17. FATNER'S NAME (First, Middle, Last)	+2	Home	maker	40 50075	IFOIO MAS	Own H			
	James E. Dunbar						ne Essingt			
TO BE	19e. INFORMANT'S NAME (Type/Print)		-		Street and Number	or Rural R	oute Number, City or Town	n, State, Zip Coo		1.0
	Morris Gerald Smi		PLACE OF DISPO			_	loott City	Md.		10
	1 M Buriel 2 Cremetion 3 Rem	oval from Stale	other place) St. Joh			allory or		icott		
	21. SIGNATURE OF PUMERAL SERVICE LIC	Lange Land	man	Gaz	•	ufma		Home		21227
	23. PART I. Enter the diseases, or a shock, or heart fature.	complications that coused List only one cause on ea	the deeth. Do			-				Approximate Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. MALICA	CONSEQUENCE	BRA	IN TU	Mo	R			Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE (SEQUENCE OF):						
CERT	resulting in deeth) LAST	d								
CAL	PART II. Other significant condition	s contributing to death b	ut not resulting	in the unde	orlying couse g	given in I	Part I. 24a. WAS AN PERFOR	MED?	AV CC DI	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 P NO
N.										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2-☑ NO	HOSPITAL:	wiew a 🗆 004	OTHER:	26. PLACE OF D					
Y PHYSICIAN: MED	27. MANNER OF DEATH 1 Saletural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Til		Bc, INJURY AT WORK?		8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	ED	
TED BY	2 Accident 3 Suicide 8 Could not be determined	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 28. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify)								
COMPLETED	and)	ICIAN: To the best of my know							Buse(e) e	nd manner ee stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIES	muo Henry	Been MD	Nevas	29c. LICE	2 Y	36Z	29d. DATE SI	GNED (M	lonth, Day, Year)
2	Dept Neurowa	Johns Hat	ATH (ITEM 27) (Typ	o, Print)	6001	VW	le Strut	Balt	(had)	MD 2 1205
	APR 2 6 1991	32. REGISTRAR'S SIGN					0			

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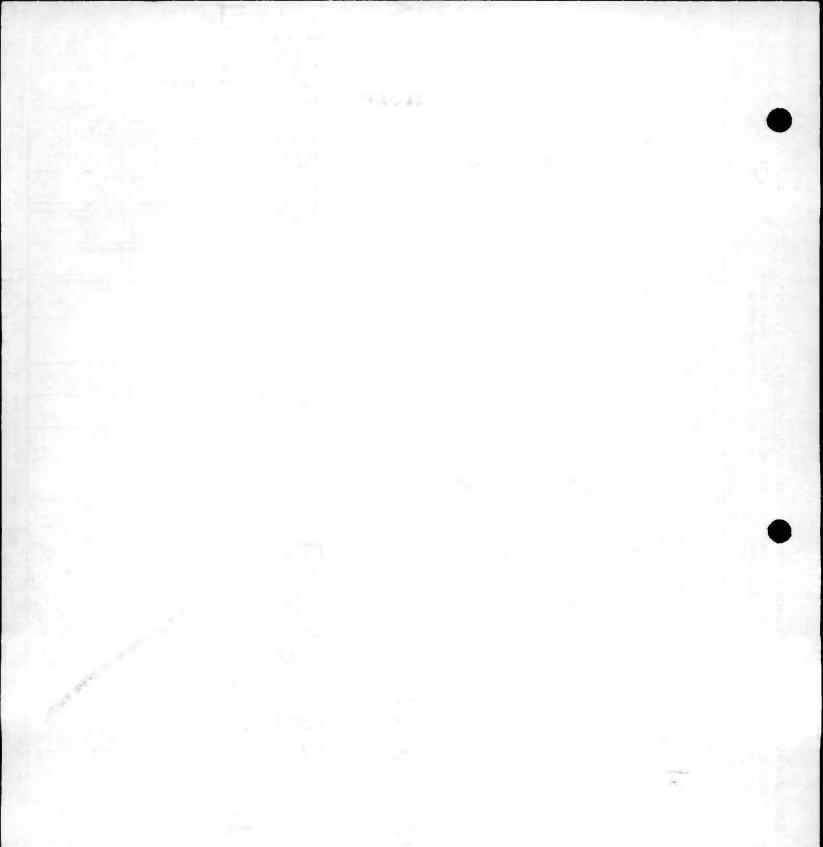
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R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO					
1. DECEDENT'S NAME (First, Middle,	Shawall		ala		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH OS. 03 PA			
4. SOCIAL SECURITY NUMBER 147-34-6559 99. FACILITY NAME (If not institution.)	M 2 F.	In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 07-22-19	13 8.	BIRTHPLACE (State or Foreign Country) UKraine			
	Maryland Hospit	al		more Cit		sc. country beam				
Maryland	OUNTY		r, rown on Loca ltimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
3009 Weaver Av	enue		.10	21214		_	of what country? ted States			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 (X) (O	If yes, s		NIC ORIGIN? (Specify Yee en, Puerto Rican, atc.) fy:	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White			
15. DECEDENT: (Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5+) 3 Yrs.	(Give kind of work done during most of working life. Do NOT use retired.)								
17. FATHER'S NAME (First, Middle, Lo Michael Shawal 190. INFORMANT'S NAME (Type/Prin	a				AME (First, Middle, Malden					
Emilia Shawala 200 METHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 D					Baltimore,		·			
21. SIGNATURE OF FUNERAL SERV			Lilly	& Zeile		neral H				
ahock, or heart is immediate cause (Final disease or condition resulting in death)	ARTS.	TSVA	h Ju	July		iretory arrest	Approximate Interval Batwee Onset and Dea			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ditions, nediate Lying Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 2									
PART II. Other eignificant con	Array d	out not reaufting		ng cause given le	Pert I. 24a. WAS AMPERFO	RMED?	b. WERE AUTOPSY FINDING WILL ABLE PRIOR TO COMPLETION OF CAUSE OF DESTRI			
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 Ves 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	me 5 Residence	8 Other (Specify)		V			
27. MANNER OF DEATH 27. MANNER OF DEATH 5 Pending 17.	pation 09-03-4	(30	IJURY V	UJURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	MORN OCCUR				
3 Suicide a Could 4 Homicide determine	- and in the lope	At home, ferm, city)	, street, factory, off	ice	281. LOCATION (Street City or Town, State	3009	Rural Route Number, WESTER AV MID ZIZIF			
Control only	PHYSICIAN: To the best of my know KAMINER: On the bests of exemination						euse(e) end manner ee stated.			
29b. SIGNATURE AND TITLE OF CE	A. Critica			5 4 C	237	14	IGNED (Month, Day, Year) -23-91			
FRANG (AC	ON WHO COMPLETED CAUSE OF DE	S. grei	ene S	r - 130	MARYLA	MAP	10515			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									

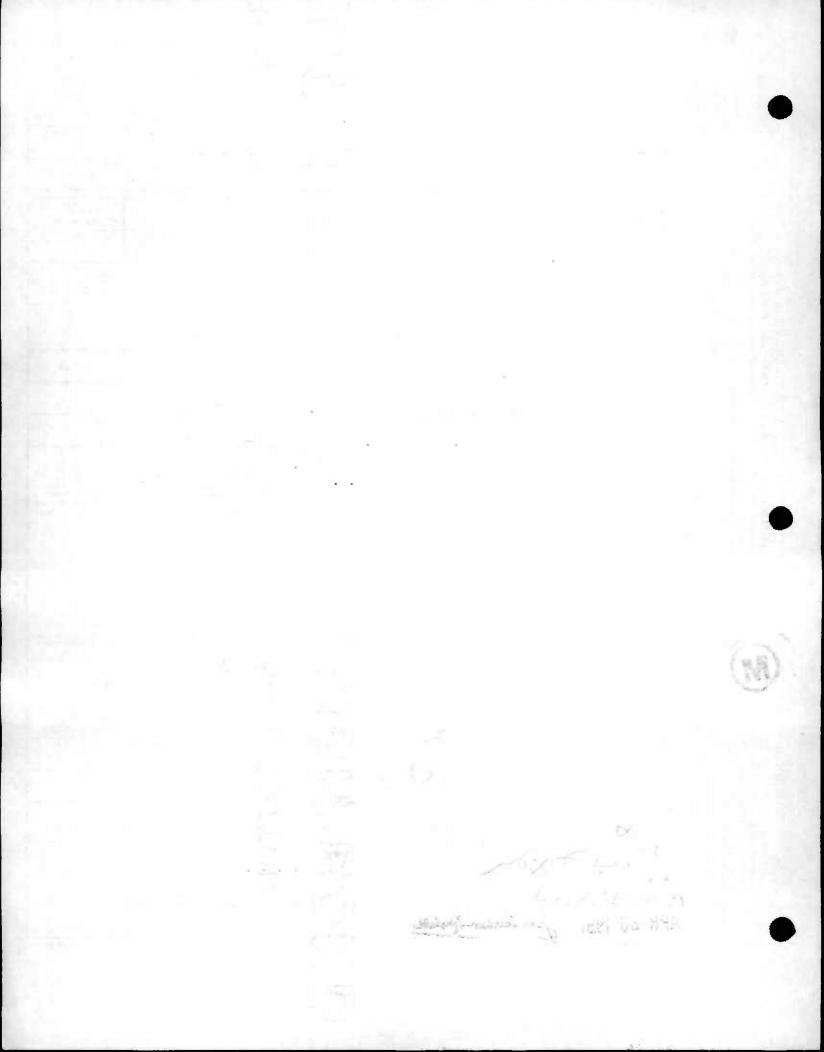


mery or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has the filed within 72 hours after death with the State Dept MPORTANT: If Item 28 is marked, or Nem 23 now

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN								,	EG. NO.				
- 3	1. DECEDENT'S NAME (First, Middle, Last)		-						2. DATE OF	DEATH	,	YEAR	3. TIME OF DEATH	
- 1	Monte	Carlo	Stan	sbur	у,	Jr.			03	22	15	991	12:19	P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		S. BIRTH	PLACE (State or Fore	ign
	218-29-0895	1 W M 2 D F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Year)		Country	" MD	
	9a. FACILITY NAME (If not institution, give	etnest and number)			9b CITY	TOWN	R LOCATI	ON OF DE	ATU	7/	0= 0011	NTY OF DI		_
m									MIN	1	111111111111111111111111111111111111111		SAIN	
<u>ō</u>	Harford Memoria	l Hospita.	<u> </u>		Hav	re D	e Gr	ace			Har	ford		
<u>ပ္</u> ပ	10a, STATE 10b, COUNT		-	I the CIT	Y, TOWN C	RIOCAT	ION						10d. INSIDE CITY	
<u>E</u>	11 0											- 1	LIMITS?	
9		rford		Ha	vre								1 YES 2 N	0
₹ I	10e. STREET AND NUMBER			101. ZIP CODE							10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL DIRECTOR	113 Vancherie C	t.		21078								US	А	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					IIC ORIGIN? (S		or No-		- American Indian , White, etc.	
£	1 Never Married 2 Married	IF YES, GIVE W	YES 2 VA	10			2 NO		n, Puerto Rica	n, etc.)		Speck	Black	
B	3 Widowed 4 Divorced	10.00					X	-,,					TOTACK	
COMPLETED	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		18b. KIN	D OF BUS	INESS/IND	DUSTRY		
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	life	ive kind of a Do NOT us	work done se retired.)	during mo	st of worldi	ng						
2	n/a	College (1-4 of 5 4	"	n/	a					n/a				
2	17. FATHER'S NAME (First, Middle, Last)			117	ч		40 1407		ME (First, Midd		0			
8		shares Co									sumame)			
BE	Monte Carlo Stans	sbury St							Nixor	_				
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,					
F	Verna Stansbury		11	3 Va	nche	rie	Ct.	Havr	e de G	race	. MD	210	78	
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DAT	E OF DISP	OSITION			DATE		CATION -			
	XIX Burial 2 ☐ Cremation 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	of cemetary.	moc	Com	olace)			3.30	Haus	o do	Gra	ce.MD	
	21. SIGNATURE OF FUNERAL SERVICE A	ille 5		NAME A	ND ADDRE	SS OF FA		HICAI	e de	ur a	CESTID			
						Arno	1d W	. Be	ard Fu	nera	1 Se	rvic	e	
	Muster 4	Mhu	/			P.O.	Box	188	Havre	de	Graci	e. M	D 21078	à.
	23. PART i. Enter the diseases, or	complications the	t caused the de	eth. Do	not enter	the mo	de of dy	ing, suc	h as cerdiac	or respi	ratory arr	rest,	Approximet	le
	shock, or heert fellure	. List only one ceu	ise on each line).									Interval Bet	
	IMMEDIATE CAUSE (Fine) disease or condition										Onset and	Death		
	resulting in death)	EATH		DROM	E									
	12	QUENCE O	IF):											
Z	Sequentielly list conditions,													
E	if any, leading to immadiate	DUE TO	(OR AS A CONSE	SEOUENCE OF):										
2	CAUSE (Disease or Injury	c												
드	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):									
돈	resulting in death) LAST	d												
2														
AL	PART II. Other aignificant condition	ons contributing to	death but not i	resulting	in the u	nderlyin	g ceuse	given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?			24b.	WERE AUTOPSY FIN AVAILABLE PRIOR TO	
O								YES 2 □ NO				COMPLETION OF CAUSE		
=									13	YES 2	☐ NO	- 1		
EDI								-	- 2	YES 2	□ NO		OF DEATH?	0
MEDICAL CERTIFICATION									_ 2	YES 2	□ NO			0
-	AS WHO CARE DEFENDED TO MEDICAL								_ 2	YES 2	□ NO		OF DEATH?	0
-	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF I	DEATH (Ch	eck only one)	YES 2	□ NO		OF DEATH?	0
-		HOSPITAL:	X ER/Outpatient 3	DOA	OTHE	R:			eck only one)		□ NO		OF DEATH?	0
-	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 2	INJURY	28b. TIN	4 - Nu	R: rsing Hor 28c. IN	no 5 □ R			oecify)		CURED	OF DEATH?	0
PHYSICIAN:	EXAMINER? 1	1 □ Inpetient 2 2 28a. DATE Of (Month, E	INJURY	28b. TIN	4 🗆 Nu	R: rsing Hor 28c. IN W	10 5 □ R	asidenca	s 🗆 Other (S	oecify)		CURED	OF DEATH?	0
BY PHYSICIAN: 1	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 2	FINJURY Day, Year) OF INJURY — At he	28b. TIN	4 - Nui	R: raing Hor 28c. IN. W	JURY AT ORK? YES 2 [asidenca	8 Other (S	Decity) BE HOW II	NJURY OC		OF DEATH?	0
BY PHYSICIAN: 1	EXAMINER? 1	1 Inpatient 2 2	FINJURY Pay, Year)	28b. TIN	4 - Nui	R: raing Hor 28c. IN. W	JURY AT ORK? YES 2 [asidenca	8 Other (S	oecify)	NJURY OC		OF DEATH?	0
BY PHYSICIAN: 1	EXAMINER? 1 Ses 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 Inpatient 2 2	FINJURY Day, Year) OF INJURY — At he	28b. TIN	4 - Nui	R: raing Hor 28c. IN. W	JURY AT ORK? YES 2 [asidenca	8 Other (S	Decity) BE HOW II	NJURY OC		OF DEATH?	0
BY PHYSICIAN: 1	EXAMINER? 1	28e. DATE OF (Month, L) 28e. PLACE Of building,	FINJURY Day, Year) OF INJURY — At ho, atc. (Specify) If my knowledge, de	28b. Till IN.	4 □ Num #E OF JURY M street, fac	R: raing Hor 28c. IN. W 1 — tory, offici	DURY AT DRK? YES 2 [NO NO	8 Other (S) 28d. DESCR 28f. LOCATIC City or 7	DON (Street aboven, State)	NJURY OC	r or Rural I	OF DEATH? VES 2 No.	
BY PHYSICIAN: 1	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not b determined 29a. CERTIFIER 1 CERTIFING PAN	28e. DATE OF (Month, L) 28e. PLACE Of building,	FINJURY Day, Year) OF INJURY — At ho, atc. (Specify) If my knowledge, de	28b. Till IN.	4 □ Num #E OF JURY M street, fac	R: raing Hor 28c. IN. W 1 — tory, offici	DURY AT DRK? YES 2 [NO NO	8 Other (S) 28d. DESCR 28f. LOCATIC City or 7	DON (Street aboven, State)	NJURY OC	r or Rural I	OF DEATH? VES 2 No.	
COMPLETED BY PHYSICIAN:	EXAMINER? 1	28a. DATE OF (Month, L) 28a. DATE OF (Month, L) 28a. PLACE Of building, SICIAN: To the best of a	FINJURY Day, Year) OF INJURY — At ho, atc. (Specify) If my knowledge, de	28b. Till IN.	4 □ Num #E OF JURY M street, fac	R: raing Hor 28c. IN. W 1 — tory, offici	DURY AT DRK? YES 2 [NO NO e, and due	s Other (S 28d. DESCR 28f. LOCATIC City or F	DON (Street aboven, State)	NJURY OC	r or Rural I ited. ha cause(i	OF DEATH? VES 2 No. Route Number,	
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION OF STATE OF S	28a. DATE OF (Month, L) 28a. DATE OF (Month, L) 28a. PLACE Of building, SICIAN: To the best of a	FINJURY Day, Year) OF INJURY — At ho, atc. (Specify) If my knowledge, de	28b. Till IN.	4 □ Num #E OF JURY M street, fac	R: raing Hor 28c. IN. W 1 — tory, offici	DILLEY AT DRK? YES 2 [NO NO no, and due	s Other (S 28d. DESCR 28f. LOCATIC City or 1 a to the cause(time, date en-	DON (Street aboven, State)	NJURY OC	r or Rural I ited. ha cause(i	OF DEATH? VES 2 No. Route Number, a) and manner as atta	ned.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1	28e. DATE OF (Month, L) 28e. PLACE OF building, SICIAN: To the best of a	FINJURY Joy, Year) OF INJURY — At he atc. (Specify) I my knowledge, departmention and/or	28b. Tilli IN.	4 Num RE OF JURY M street, fec	R: raing Hor 28c. IN. W 1 — tory, offici	DILLEY AT DRK? YES 2 [NO NO e, and due	s Other (S 28d. DESCR 28f. LOCATIC City or 1 a to the cause(time, date en-	DON (Street aboven, State)	NJURY OC	r or Rural I ited. ha cause(i	OF DEATH? VES 2 No. Route Number, a) and manner as atta	
COMPLETED BY PHYSICIAN:	EXAMINER? 1	28e. DATE OF (Month, L) 28e. PLACE OF building, SICIAN: To the best of a	FINJURY Joy, Year) OF INJURY — At he atc. (Specify) I my knowledge, departmention and/or	28b. Till IN. oma, tarm, eath occurrinveatigation	A D Num ME OF JURY M street, fac red at the on, in my e, Print)	R: reing Hor 28c. IN. W 1 ttory, office time, dete	uny AT DRK? YES 2 [a and place death occur O	NO NO e, and due end at the ENSE NU	s Other (S) 28d. DESCR 28f. LOCATION City or 3 a to the cause(time, date end MBER	DN (Street a bown, State)	NJURY OC	r or Rural I ted. he cause(s	OF DEATH? VES 2 No. Route Number, a) and manner as stee (Month, Day, Year)	ned.
BE COMPLETED BY PHYSICIAN: N	EXAMINER? 1	28e. DATE OF (Month, L) 28e. PLACE Of building, SICIAN: To the best of a	FINJURY PP INJURY — At he atc. (Specify) If my knowledge, department and/or account of the property of the p	28b. Till IN. oma, tarm, eath occurrinvestigation	A D Num ME OF JURY M street, fac red at the on, in my e, Print)	R: reing Hor 28c. IN. W 1 ttory, office time, dete	uny AT DRK? YES 2 [a and place death occur O	NO NO e, and due end at the ENSE NU	s Other (S 28d. DESCR 28f. LOCATIC City or 1 a to the cause(time, date en-	DN (Street a bown, State)	NJURY OC	r or Rural I ted. he cause(s	OF DEATH? VES 2 No. Route Number, a) and manner as stee (Month, Day, Year)	ned.
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certificate has been signed by the atter h the State Dept. of Health and Mental

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DIRECTOR: After the hours after death vitem 28 is mari

TO THE FUNERAL DE filed within 72 h

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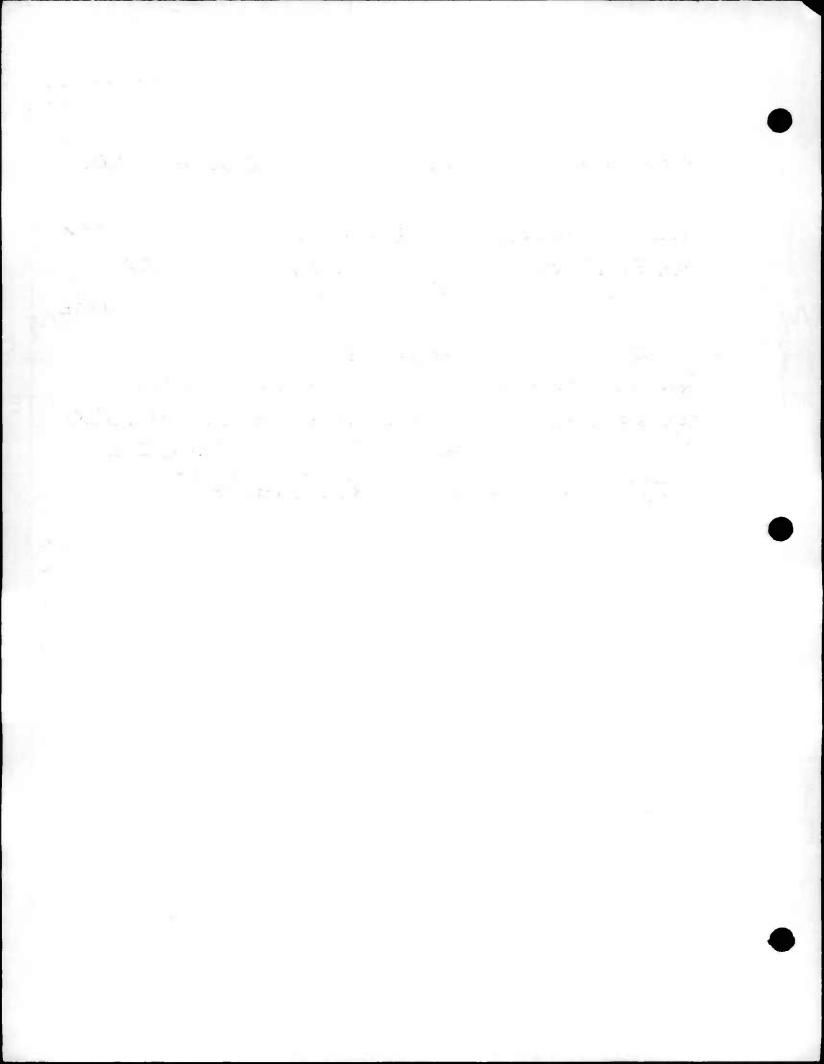
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OC.
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NORMA SPECKMAN MONTH 04 22 1551 J. 6:34 P 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 494-30-0237 3 9e. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALITMORE BALITMORE DIRECTOR CITY CITY RESIDENCE OF DECEDENT 10d. INSIDE CITY 10b. COUNTY 10c, CITY, TOWN OR LOCATION METROPOLIS 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 409 62960 WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Croan, Maxican, Puerto Rican, etc.)
1
YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, While, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stanley 19e. INFORMANT'S NAME (Type/Print) ARGAA UB WARREN BE 2 SPECKMAN 20a. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of ce 20c. LOCATION -- City or Town, State ry, cremetory or EMETERY Donation 5 - Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Falword Obester 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such ee cerdiec or reepiratory arrest, Approximata shock, or heert failure. Liet only one ceuse on each line. Interval Between **Onset and Deeth** IMMEDIATE CAUSE (Final diseese or condition DUE TO (OR AS A CONSEQUENCE OF): 20 MINHES resulting in death) CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING Arzeriovenous CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 -1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | 16 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day, Year) BE 91 4/22 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Hopkins Huspite red -re 31. DATE FILED (Ment 32. REGISTRAR'S SIGNATURE

Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



and miny miny, or other traumatic event, the medical examiner must be notified at once.

artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should intal Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTIOR: After this certificate has be filed within 72 hours after death with the State Department: If Item 28 is marked, or Item 23

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL	HYGIENE REG. NO.	21	11236			
100	1. DECEDENT'S NAME (First, Middle, Last CARMEN F!	, RANCIS SALL	ESE			2. DATE O MONTH 4 - 2	4-9 PAY	YEA	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-09-5702 9a. FACILITY NAME (If not institution, give	1 💢 M 2 🗆 F	(In yrs. lest birthdey) 7 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year) 11-19	ΜÃ	RTHPLACE (State or Foreign buntry) RYLAND			
TOR	7257 STRATTON I	TRATTON WAY BALTIMORE										
DIRECTOR	10a. STATE 10b. COUN	TY		TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10a. STREET AND NUMBER 7257 STRATTON	In A V		10	1. ZIP CODE 21224		10g	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 NO DATES WIII	13. WAS DE	CENOENT OF HISPAR Decity Cuban, Mexica 8 2 NO Specifi	n, Puarto Ri						
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondery (0-12) 9 YEARS	OUCATION de completed) College (1-4 or 5 +)		JSUAL OCCUPATION done during more retired.)	ost of working		KIND OF BUSINES	S/INDUSTR	Y			
BE COM	17. FATHER'S NAME (First, Middle, Last) CARL ANTONIO	SALLESE			16. MOTHER'S NA ANGELE	ME (First, MI	ddle, Malden Surna ALADIN	me))				
2	196. INFORMANT'S NAME (Type/Print) MRS. HELEN SALLESE 195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7257 STRATTON WAY BALTIMORE, MD. 21224											
	20a, METHOD OF DISPOSITION 1 Ø Burtet 2 Cremation 3 Re 4 Donation 5 Other (Specify)		OLY ROS	ARY CE	METERY	427	20c. LOCATIO		CO. MD.			
	21 SIGNATURE OF FUNERAL SERVICE	sovouski	/	KACZ 2525	ND ADDRESS OF FA OROWSKI FLEET	FUN ST.	BALTO.	MD.	21224			
7	23. PART I. Enter the diseases, a shock, or heert felium immediate CAUSE (Final disease or condition resulting in death)	e. GLIOBL	each line.	MULTI		th aa cardi	ec or respirator	y arreat,	Approximate Interval Between Onset and Death IO MONTHS			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST											
PHYSICIAN: MEDICAL C	PART II. Other significant condition DIPTETES KISTURY &		W 635319-3-	n the underlyle	ng cause given in		24a. WAS AN AUTO PERFORMED 1 YES 2	?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpetlant 3 DOA	OTHER:	LACE OF DEATH (C)							
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28c. IN	JURY AT ORK? YES 2 NO	_	CRIBE HOW INJUR	Y OCCURE	D			
	3 Suicide a Could not b	28e. PLACE OF INJUF	RY — At home, farm, s ectly)	treet, factory, off	ca		TION (Street and N r Town, State)	umber or Ru	ural Route Number,			
COMPLETED	tomoun only	YSICIAN: To the beat of my kno INER: On the basis of axaminat							use(a) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIF	Wen m	D		29c. LICENSE NU		290	. DATE SIG	NEO (Month, Day, Year)			
2	RICHARD S. IL	HPLAN MD			eve s7.	B	ntinove	m	D 21201			
	APR 26 1991	32 REGISTRAR'S SIG						-4-				



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TO THE HOSPITAL OR ATTENDING PHYSICAN. The law requires that the dean certificate be executed within a nounce after death. Page 6 may be retained by the hospital or attending physician.

TO THE PLYETAL DIPPORTED THE certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be shed within 72 hours and detached for use as the burial-transit permit. Pages 1, 2, 3 should be shed within 72 hours and detached for use as the burial-transit permit. Pages 1, 2, 3 should be shed within 72 hours and detached for use as the burial-transit permit. Pages 1, 2, 3 should be shed within 72 hours and detached for use as the burial-transit permit. Pages 1, 2, 3 should be shed within 72 hours and detached for use as the burial-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	_1	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEP/	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	11633					
Γ	1	1. DECEDENT'S NAME (First, Middle, Lest)	ZYMANS	SZYMANSKI	2. DATE OF DEATH DAY 2 2 9	3. TIME OF DEATH					
		10 11	SEX 6. AGE (In yrs. lest birthde	y) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 6.	BIRTHPLACE (State or Foreign Country)					
		9a. FACILITY NAME (If not institution, give street	M 2 F 75 YRS	9b. CITY, TOWN OR LOCATION OF I		MARYLAND					
l a		CHURCH HOS	PITAL	// /	ORECITY	O' SEATH					
DIRECTOR		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	19-	MARYLAND		BALTIMORE		. 1 🖄 YES 2 🗆 NO					
RAI		100. STREET AND NUMBER 609 S. ROSE STREI	ΕŢ	21224		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL			. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO		ANIC ORIGIN? (Specify Yes or No. 14	I. RACE — American Indian, Black, White, etc.					
₽		1 Never Married 2 Merried 3 Wildowed 4 Diverced	IF YES, GIVE WAR OR DATES WWII	1 VES 2 NO Spec	ally:	specify: VHITE					
9		15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	IPATION 16b. KIND OF BUSINESS/INDUSTRY ng most of working						
PLET		Elamentary/Secondary (0-12) C	GENERAL								
COMPL		17. FATHER'S NAME (First, Middle, Last)	LABOR		NAME (First, Middle, Malden Surname)						
BE C		WALTER SZYMANSK.		ANNA	BOCHNOWICZ						
0	, II	198. INFORMANT'S NAME (Type/Print) MRS. ROSE SZYMANS			al Route Number, City or Town, State, Zip Co T BALTO. MD. 2						
2		20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Ramoval	20b. PLACE OF DIS	POSITION (Name of cometery, cremetory of ANISLAUS CEMET	20c. LOCATION CIT						
Ë		4 Donation 5 Other (Specify)	1D.								
examiner must be notified at once. TO BE COM		21. SIGNATURE OF FUNERAL SERVICE LICENS	ec .		I FUNERAL HOME						
		23. PART I. Enter the diseases, or com	plications that caused the deeth. D		ST. BALTO. MD						
the medical		ahock, or heart failure. Liet IMMEDIATE CAUSE (Final	only one ceuse on each line.			interval Between Onset and Death					
	ı	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
9 7			DUE TO (OR AS A CONSEQUENCE	TASTAS	′						
y, or other traumatic event, CERTIFICATION		Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
FICA		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	E OF):							
	resulting in death) LAST										
or item 23 shows any injury, VSICIAN: MEDICAL C		PART II. Other algnificent conditions of	ontributing to death but not resulting	ng in the underlying ceuse given	In Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS					
amy DICA					1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDIC						1 TYES 2 NO					
ed, or item 23 a PHVSICIAN:		25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH ((Check only one)						
VSIC		1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpatient 3 DO	OTHER: 4 Nursing Home 5 Residence	ce a 🗆 Other (Specify)						
E G		27. MANNER OF DEATH: 1 Natural: 5 Pending:	28a. DATE OF INJURY (Month, Day, Year)	TIME OF 1NJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCU	RED					
E G	١	2 Accident Investigation 5 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, fail building, etc. (Specify)		281. LOCATION (Street and Number of City or Town, State)	r Rurel Route Number,					
	Л	4 Homicide determined			ony or rount, classy						
IMPORTANT: IF IN		29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
E .	5	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)									
IMPOR	4	A. Ph.	Myemi		29d. DATE	cause(s) and manner as stated.					
TO BE	4	30. NAME AND ADDRESS OF PERSON WHO CO	Mongen Sompleted Cause of Death (ITEM 27) (MA. DIT	7322 19	cause(s) and manner as stated.					

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH .		U	RHIF	CALE	Ur	DEA	П	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Les JULIA C.	sco:	т			1011			2. DATE OF D	EATH DAY	9	YEAR 3	. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day, 8-5-18	IRTH		8. BIRTHPL Country)	ACE (State or Foreign
	216-46-3141 9e. FACILITY NAME (If not institution, give		34	11101	9b. CITY, TOWN OR LOCATION OF DEATH					1896 Maryland			
O.B.	Meridian Multi					son		ON OF DE	EATH			imore	
ច្ច	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV		I too CITY	, TOWN O	B LOCA	TION					Τ.	Od. INSIDE CITY
DIRECTOR	Maryland Balt:				Towson				36			1	YES 2 NO
ERAL	100. STREET AND NUMBER 7700 York Rd				21204						EN OF WH	AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2 X MAR OR DATES	MEO NO	If yes, specify Cuban, Mexican, Puerto Rican, etc.)					14. RACE - Black, V Specify: White	- American Indian, While, atc.		
	15. OECEDENT'S EC		18a. DE	CEDENT'S	USUAL OC	CUPATI	ON		16b. KIND	OF BUS	INESS/INDU		
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 2 yrs Teac					during m	ost of worldi	ng	Educ	catio	on-Ba	1timo	ore City
S	17. FATHER'S NAME (First, Middle, Last)			2.7			16. MOT	HER'S NA	ME (First, Middle	. Malden	Surname)		
BEC	Robert Cave	7					Ros			Brown			
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street	and Number	r or Rural i	Route Number, Ci	ity or Town	, State, Zip	Code)	
-	Richard Kerr							Bal	timore				SUSSEIN CONTRACTOR OF THE PROPERTY OF THE PROP
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) WOOD				NO GATE OF DISPOSITION (Name and ADDRESS OF FACILITY OATE 20C. LOCAT WOOD I					dlawn		•	
	21. SIGNATURE OF FUNEBIAL SERVICE	LICEMSEE /	/		Ru	ıck	Tows	on F	unera1 Towsor				
	23. PART I. Entar the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CONC	ESTIVE	QUENCE OF	AR	T	FA	Lu	RE			eat,	Approximeta Interval Batween Onset and Death
NOIL	Sequentially list conditions, if sny, issding to immediate	POTTO	C	ARC	MOVE	+SCL	LAR T)ise	ASE				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	EQUENCE OF):											
띩		d											
MEDICAL	PART II. Other algnificant condition	one contributing to	o daeth but not	resulting	ng in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			отны	1			neck only one)				
λ	27. MANNER OF DEATH	28s. DATE O	E AN INDV	26b. TIM	- Y	_	me 5 ∐ R	asidence	6 Other (Spe 28d. DESCRIE		HILIDY OCC	LIBED	
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN.	M	W	ORK?	□ NO	280. DESCRIE	SE HOW I	NJOHT OCC	ONED	
	3 Suicide 6 Could not I 4 Homicide determined	28s. PLACE building	OF INJURY — Al ho j, etc. (Specify)	ome, farm,	street, faci	lory, offi	ca		261. LOCATION City or Tox	N (Street a wn, State)		or Rural Ro	ute Number,
COMPLETED	(Original Origina Origina Origina Origina Origina Origina Origina Origina O	YSICIAN: To the best of											and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO		n dez	M.B				O76			29d. DATE	A 11 1-	Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON												
	Marcio Menende 31. DATE FILED (Morith, Day, Year)		5820 Y	rork	Rd.								
- 8	ADD 9 6 1001	L. Karid	Randal	23									

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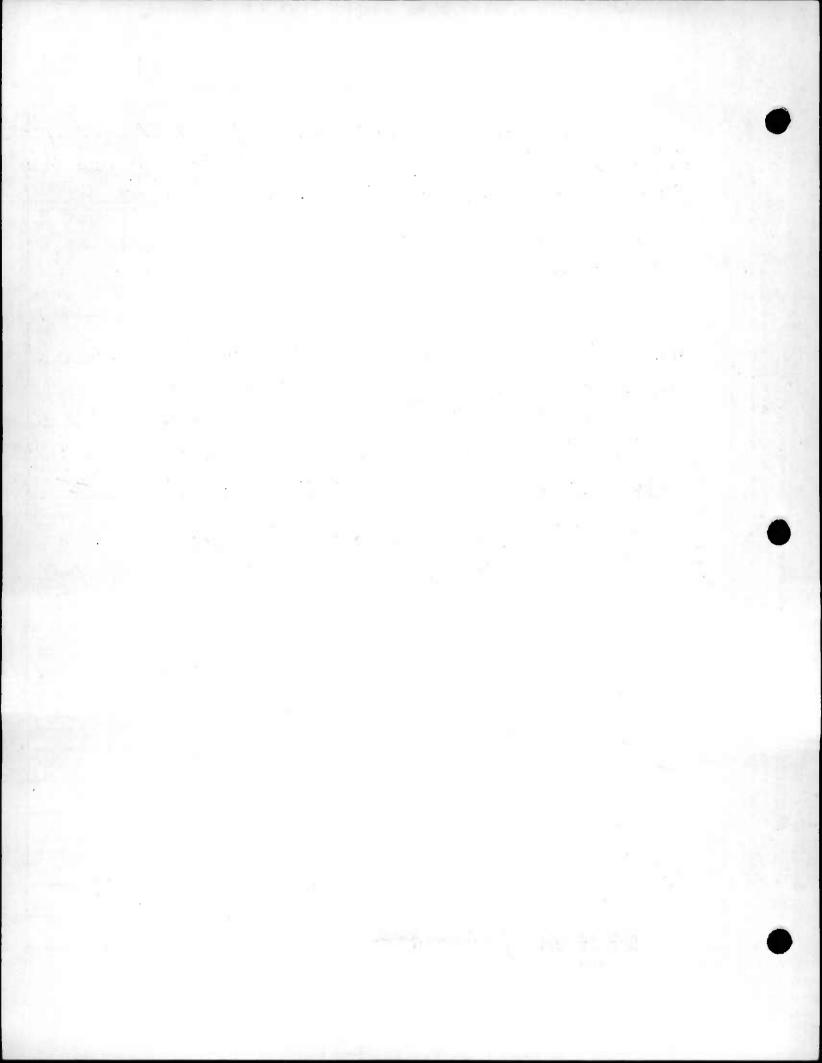
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 6 may be retained by the hospital or attending physiclan.

STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last	Tohn EDWA	RO Thon	nas	2. DATE OF DEATH	4-97	3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER 217-01-1338			NDER 1 YEAR IF UNDER 24 HRS. HS DAYS NOURS MIN.	7. DATE OF BIRTH	9 8. BIF	ATHPLACE (State or Foreign , UPITY) NORYLAND				
DIRECTOR	98. FACILITY NAME (If not institution, give	street and number)	Canter "	CITY FOWN OR LOCATION OF DE	ATH 9c. COUNTY OF DEATH						
3EC	10a. STATE 10b. COUN	ту	10c. CITY, TOV	WN OR LOCATION		10d, INSIDE CITY LIMITS?					
		ltimore					1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE			F WHAT COUNTRY?				
NS I	5414 Lewellen 11. MARITAL STATUS		I U.S. ARMED	21207 13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea or	No- 14, R	S. A. ACE — American Indian,				
ΒY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D. WOrld War	ATES	If yes, specify Cuban, Mexics 1 YES 2 NO Specific	n, Puarto Rican, atc.)	6	lack, White, atc. pecify: Black				
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	UCATION	16a. DECEDENT'S USUA	AL OCCUPATION lone during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)							
MP	High School 17. FATHER'S NAME (First, Middle, Last)		Custod				mb Incorp.				
		_			ME (First, Middle, Maiden Su	,					
BE	Harrison Kin 19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19b. MAILING ADD	RESS (Street and Number or Rural	Poute Number, City or Town,						
5	John Gibson,	Sr.	1200 0	Cochran Ave.	Baltimo	re. M	D 21239				
Ĭ	20a, METHOD OF DISPOSITION 1 N Burial 2 □ Cremation 3 □ Re	20b		(Name of cemetery, cremetory or		TION — City or					
	4 Donation 5 Other (Specify)	MI		Cem/Garris	on Owin	nas M	ills, MD				
-	21. SIGNATURE OF FUNERAL SERVICE I	.ICENSEE		22. NAME AND ADDRESS OF FA	CILITY Nutter	Funer	al Homes, Inc				
	Heibert	& hutte	2	2501 Gwynns Baltimore,	MD 21216	rkway					
	23. PART I. Enter the disease, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Cons	estue	nter the mode of dying, such	Eaclast or respira	tory arrest,	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): COLO NAMY ON THE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CALC	PART II. Other significant condition	ons contributing to death b	ut not resulting in th	a underlying cause given in			24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICA	De Cub	tos ul c	eli		PERFORM 1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	neck only one)						
SIC	EXAMINER? 1 YES 2 DHO	HOSPITAL: 1 Pinpatlant 2 ER/Outp		HER: Nursing Home 5 - Residence	6 Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	26d. DEŞCRIBE HOW INJ	URY OCCURED					
ED	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY	— At home, farm, street	, factory, office	26f. LOCATION (Street and City or Town, State)	d Number or Ru	ral Route Number,				
COMPLET	anal 31			the time, data and place, and du- my opinion, death occured at the			se(s) and manner as stated.				
BE	29b. SIGNATURE AND TITLE CENTIF	1 sifm	med	Din DE	MBER :	P 4	NED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON V	NHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	. Charl-	es Still	Palte	y Md 21030				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
	APR 26 1	991 Julia Dev	idson-Rondall	•			DHMH-16 Rev 1/89				



16

SEPTIAL CONTINUE OF THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTORS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OF	TO THE FUNERAL DIREC	be filed within 72 hours after	IMPORTANT: If item

	1 - STATE REGISTRAR	STATE OF	MARYLAND / D CEF		ITMENT					TYGIENI REG. NO.	Ε .	7	11296
	1. DECEDENT'S NAME (First, Mic								2. DATE OF MONTH		Y.		TIME OF DEATH
	Mary J. To								4	2	5		7:00 a M
	4. SOCIAL SECURITY NUMBER 217-18-9618	5. SEX	6. AGE (In yrs. last bi	irthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	ay, Year)		Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institu		0.5		9b. CITY	, TOWN O	R LOCATIO	ON OF DE	4/17	706	9c. COU	Pen:	nsylvania "
E	229 South B	Ellwood Ave	enue		В	alt:	imor	6					
ត្ត	RESIDENCE OF DECE	DENT b. COUNTY		10c. CI1								1 40	d. INSIDE CITY
DIRECTOR	MD			Baltimore									LIMITS?
	10e. STREET AND NUMBER	-			, all		ZIP CODI	E			T COUNTRY?		
FUNERAL	229 South E						212	24			USA	,	
B	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorced	ried FORCES?	NT EVER IN U.S. ARME 1 YES XXNO WAR OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (S If yes, specify Cuben, Mexican, Puerto Ricar 1 YESX2 X NO Specify:							or No-	14. RACE — Black, V Specify: Wh1.	Americen Indian, mite, atc.
COMPLETED	15. DECEDE (Specify only hig	NT'S EDUCATION thest grade completed)	16a. DECE (Give	DENT'S	USUAL O work done se retired.)	CCUPATIO	N et of worldr	ng .	16b. KI	ND OF BUS	INESS/INC	DUSTRY	
F	Elementary/Secondary (0-12)	College (1-4 or t	1+)		iema					OWI	n ho	me	
8	17. FATHER'S NAME (First, Middle						18. MOTI	HER'S NA	ME (First, Mick			1110	-
BE C	William Jacob Palmer Mary Mistlebeauer												
2	190. INFORMANT'S NAME (Type) Geraldine	*		2.2.9		,			Route Number,	,		,	2.4
	20e. METHOD OF DISPOSITION		20b. PLACE AN				_ :- :: -	d A	ve/Ba			City or Town	
	N Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp.		of cemetary, cr	remator		olace)		41	29/91			more	
	21. SIGNATURE ON PUNERAL SI	S C V C	2		22. M	NAME AN	IO AÓORE 1 - A S	ss of fa		era	L Ho	me,	Inc.
	23. PART i. Enter the dise			h. Do									Approximate
	iMMEDIATE CAUSE (Finel disease or condition reaulting in death) a. Ineferfulre Arlemocurumente Month											Onset and Death	
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEQU	ENCE C	0F):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	O (OR AS A CONSEQU	SEQUENCE OF):										
	PART II. Other aignificent	conditions contributing t	o death but not rea	uitina	in the w	ndachda		nluon in	Part I 2	Ia. WAS AN	ALITOREY	T 0.45 W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					ar the d		Coulo			PERFOR	MED?	AV CO	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO M	EDICAL			_	26. PL	ACE OF D	EATH (Ch	eck only one)		-		
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA	OTHE 4 Nu	R:			8 🗆 Other (S	Specify)	1		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident Inve	28s. DATE ((Month, estigation	DF INJURY Day, Year)	28b. Till IN	ME OF JURY M		URY AT PRK? YES 2	□ NO	28d. DESCF	IBE HOW I	NJURY OC	CURED	cite is
		uld not be building	OF INJURY — At home g, etc. (Specify)	e, ferm,	street, fac	tory, offic			28f. LOCATI City or	ON (Street a Town, State)	and Number	r or Rural Rou	te Number,
COMPLETED		INO PHYSICIAN: To the best											nd menner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF	Ullu	ento	5			29c. LIC	035	MBER 9		29d. DAT	E SIGNED (N	fonth, Day, Year)
F	A.C. ALEUI	ZATOS, M.D.	301 ST		e, Print) AU	LF	CAC	E	Z	120	بد		651
	APR 26 19		RAR'S SIGNATURE					C.					
	APR 26 19	y guia da	Kdson-Handel	12.									

AFR 20 MS.

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	he fixed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	TO THE FLINERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the
death, rage o may be retained by the hospital of attending physician.	TICTHE HUSPITAL OR ATTENDING PHYSICIAN: THE LAW FEQUINES THAT THE GEATT CENTINGS THE PROSPITAL OF ATTENDING PHYSICIAN.

1 - STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Thomas	JAMES/BA	by James	B. Thomas	2. DATE OF DEATH MONTH DAY	91	3. TIME OF DEATH 1454 N	
4. SOCIAL SECURITY NUMBER	1 W M 2 □ F	YRS. MONTH	PAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	Be	LTU.	
90. FACILITY NAME (II not institution, give: UNION MEMOR	A CONTRACTOR OF THE PARTY OF TH	96. CI	BALTO IN	nd	BALT		
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	BALT	OR LOCATION	V		10d. INSIDE CITY LIMITS? 1 V YES 2 NO	
100. STREET AND NUMBER 1239 LINWORTH	AVENUE	JAKET		10g. CITIZEN OF	WHAT COUNTRY?		
11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES	2 NO	21239 NAS DECENDENT OF HISPA If yes, specify Cuben, Maxic YES 2 NO Specify Specify Cuben, Maxic	an, Puerto Rican, atc.)	or No.— 14. RAC Blac Spec	E — American Indian, k, White, atc.	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Sp. 15. OECEOENT'S EDUCATION (Sive kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname)							
<u> </u>	HAELS		JOHN	NIE THON	MAS		
JOHNNIE THO		1239 L	SS (Street and Number or Rural NWORTH AVE	./BALTIMO	DRE, MD		
20a. METHOD OF DISPOSITION X Suriel Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	D. PLACE AND DATE OF OIL	MORIAL GAR	DENS BAL	TIMORE		
21. SIGNATURE OF TUNERAL SERVICE II	COSE		2. NAME AND ADDRESS OF FA		1101 F.	NORTH AV	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Hyberko due to lor as a oue to lor as a c. Portal oue to lor as a oue to lor as a	Failure CONSEQUENCE OF: When the	eion.			2 mond	
0	water	out not resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR	MEO?	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	MOSPITAL:	patient 3 DOA 4 D	26. PLACE OF GEATH (C ER: lursing Home 5 - Residence				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY NA M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW II	A A		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	At home, farm, street,	actory, offica	281. LOCATION (Street City or Town, Street		Poute Number,	
(Original Orin)	SICIAN: To the best of my know NER: On the basis of examination					(e) and menner as stated.	
29b. SEMATURE AND TITLE OF CERTIFIE	M)		29c, LICENSE NO.	JMBER 52	29d. DATE SIGNE	0 (Month, Day, Year)	
30. HAME AND AUDRESS OF PERSON W	THO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type. Print)				20	

OHMH-16 Rev 1/89

3. TIME OF DEATH 12:45 A M

DHMN-16 Rev 1/89

2. DATE OF DEATH April 23,1991 PAR

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Gi1

87	nge ng	8
DIVISION OF VITAMBECORDS, P.O. BOX 687	exec	and
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	SPIT	NFB
	THE HOSPITAL DR ATTENDING PHYSICIAN. The law recognition death certificate be executed	THE BINEDAL DIDECTOD. After this cartificate has been appear by the afterface physician and co
	岩	H

	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)			IF UNDER		7. DATE OF BIRTH			LACE (State or Foreign
	219-11-0789	1 📈 M 2 🗆 F	36	YRS.	MONTHS	DAYS	HOURE	MIN.	(Month, Day, Year) Aug. 28,	1954	Phi	llipines
_	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	OR LOCATI	ON OF DE	EATH	9c. COL	INTY OF DEA	ATN
Ď.	Franklin Squ	are Ho	spital			Ro	SSV	ille	9	Ba	ltimor	re
DIRECTOR	10a. STATE Md . 10b. COUNT	Υ	imore	10c. Cl7	TY, TOWN OI	R LOCAT		ddle	e River	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD		2 212 7 0 2	10g. CIT	TIZEN OF WH	AT COUNTRY?
	745 Kingstor	Road						2	21220	F	o.I.	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 25 NO Specify:							n, Puerto Rican, atc.)	a or No—	Specify:	- American Indian, White, atc.		
	15. DECEDENT'S EDL	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working						ISINESS/IN				
Elementary/Secondary (0-12) College (1-4 or 6+) life. Do NOT use retired.) Laborer												
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maider			
	Marciano T:	bo Sr.	1						cia Cando			
	19a. INFORMANT'S NAME (Type/Print) Tose Roldan (libo	19						Route Number, City or Too			21220
	20e. METHOD OF DISPOSITION		20b. PLACE		E OF OISPO	_		RO	ad Baltin		- City or Tow	
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	of cemetary	cramator	v or other pl	ace)		rv4				iver Md.
ı	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11/				NO ADORE					
	(toman all.	Fund	w/ HA	110	/ C	onn	ell	yFur	neralHome	300	Macel	Ave.2122
	23. PART I. Enter the diseases or	complications th	at coused tha de	ath. Do	not antar	the mo	de of dy	ing, suc	h ee cardisc or reas	olretory a	rrest,	Approximete
	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one ca	use on each line	h.								Interval Betwee
	disease or condition resulting in death)	Astro	ocytoma		Bra	in	Tumo	nr.				
ı	resulting in coatily	DUE TO	OR AS A CONSE	OUENCE (OF):		- Luna					
:	Sequentially liet conditions b.											
	If any, leading to immediata cause. Enter UNDERLYING	DUE TO	O (OR AS A CONSEQUENCE OF):									
	CAUSE (Disease or injury that initiated events	C	O (OR AS A CONSE	OUENCE (OF):							1
	resulting in death) LAST	d										
)	PART II. Other significent condition	ns contributing t	o deeth but not	resulting	In the Un	derivin	g cause	alven In	Part I. 24a. WAS A	N AUTOPSY	/ 24b. 1	WERE AUTOPSY FINDIN
5					10000		72.	11/2	PERFO	RMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL									1 _ YES	XNO	1	DF DEATH?
2								-		1		1 123 2 10
CIVIL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					_	LACE OF E	DEATH (C)	neck only one)			
rarsi	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER		ne 5 🗆 R	asidence	6 Other (Specify)			
	27. MANNER OF DEATH	26a. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF	WC	JURY AT ORK?		28d. DEŞCRIBE HOW	INJURY O	CCUREO	
Ì	1 Natural 5 Pending 2 Accident Investigation				М		YES 2[] NO		- 10		
	3 Suicide 8 Could not be	28a. PLACE building	OF INJURY — At he g, etc. (Specify)	ome, farm,	street, facto	ory, offic	ia .		261. LOCATION (Street City or Town, State	and Numb	er or Rural Ro	ute Number,
4 Nomicide detarmined												
	29a. CERTIFIER (Check only) (Ch											
DO 2 MEDICAL EXAMINER: On the bases of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and mi												
	29b. SIGNATURE AND TITLE OF CERTIFIC	- An					29c. LIC	ENSE NU		29d. DA		Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF BEATH ATE	144 970 /E	Delet)	_		N/	A		4 -	23-91
	31. DATE FILED (Month, Day, Year)	D 9000	Franklin	SQU 1.00	are [Piv	e 2	1237		_		
	APR 26 1991	que la	nigoon-Nak									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Sr.

TIB0

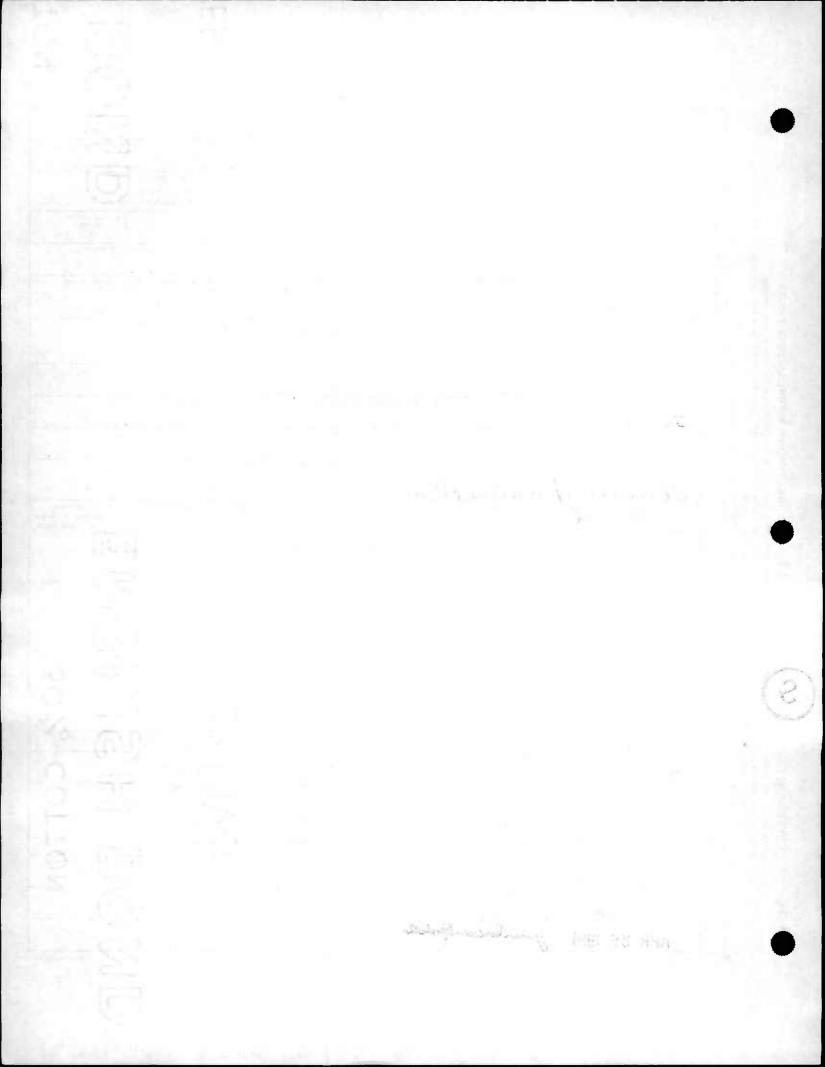


FIG. DIRECTOR: After this certificate has been signed by the attending physician and complicitly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be hard with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INTELLIFE THE TENT IN THE STATE OF T

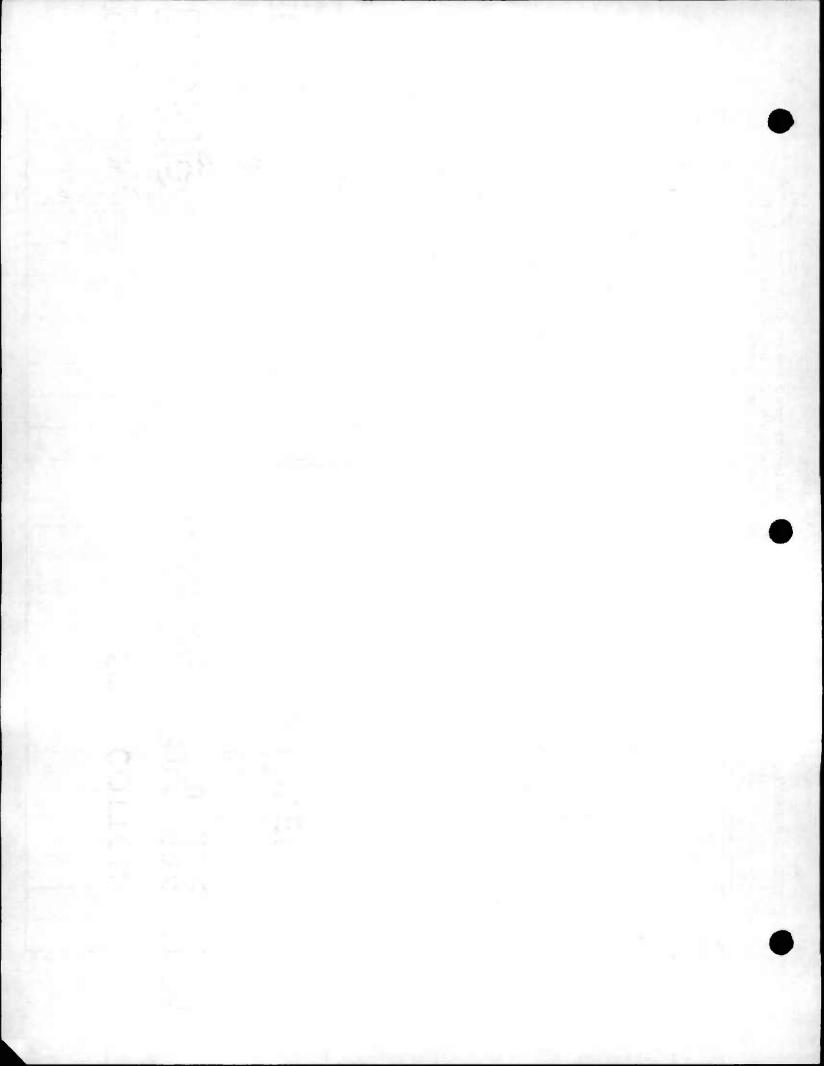
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last JOSEPH	EDWAR	e D	W	SH BY	1	2. DATE OF I	DEATH DAY	YEAR 91	3. TIME OF GEATH 9:35 PM		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	t birthday)	IF UNDER 1 YEAR		7. DATE OF E (Month, Da		8. BIRTI Count	HPLACE (State or Foreign		
236-12-7650		80	YRS.	WONTERS DAYS	HOURS MIN,	11-1	14-1	o Wes	Virginia		
9a. FACILITY NAME (If not institution, giv					OR LOCATION OF D	EATH	94	c. COUNTY OF I	DEATH		
Liberty Medic	al Cente	r		Balt	imore						
10a. STATE 10b. COUL			10c. CITY	Y, TOWN OR LOC	ATION				10d, INSIDE CITY		
Maryland			Ra	ltimor					LIMITS?		
10e. STREET AND NUMBER					IOI. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?		
11 West 20th	Street	Apt 1	1L		21218						
11, MARITAL STATUS		ECENDENT OF HISPA			es or No— 14. RACE — American Indian, Black, Whita, etc.						
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W	YES 2 X N			ES 2 NO Speci	and a desire invent area)			pecify:		
15. OECEDENT'S E	16a OF	CEDENT'S	USUAL OCCUPA	TION	165 KIN	OF BUSINE	SS/INDUSTRY	Black			
(Specify only highest gra Elementary/Secondary (0-12)	de completed)	(Gi		work done during		I I I I I I I I I I I I I I I I I I I	TO OF BOOME	.00/1110			
8th Grade	College (1-4 or 5+)										
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Midd	lle, Maiden Sun	name)			
Tì	nomas Was	hbv			Cor	neliu:	C				
19a, INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (Street	t and Number of Rural			itate, Zip Code)	21216		
Carrie Harris	son	2	2126	Bradd	ish Ave	. Ba	ltimo	re, Ma			
20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE	AND DATE	e of DISPOSITION or other place)		DATE	20c. LOCAT	TON — City or 1	own, State		
4 Donation 6 Other (Specify)	Entombmen	t Arbu	itus	Memor	ial Par	k 4/2	5 Bal	timor	Co. MD		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME	AND ADDRESS OF F	ACILITY Nut	ter E	Tunera	1 Homes		
LASUA .	nothers			250 Bal	1 Gwynn timore,	s Fal.	ls Pa	rkway	=		
iMMEDIATE CAUSE (Final disease or condition resulting in death)		a. PNUENANA DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d											
PART II. Other significant condit	ions contributing to	deeth but not i	resuiting	in the underly	ing ceuse given i	n Part i. 24	a. WAS AN AU		b. WERE AUTOPSY FINDINGS		
INTEST	NAL IL	EUS				1	YES 2.7		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
HX LUN	4 RESI	E CTION	UFO	OR LA	ARCING!				1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	check only one)					
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Realdence	6 Other (S	Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY Iy, Year)	28b. TIM	JURY	INJURY AT WORK? YES 2 NO	28d. DEŞCR	IBE HOW INJU	JRY OCCURED			
3 Suicide 6 Could not	2 Accident Investigation 3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)										
TOTAL OTHY	(Check only Check on Check										
29b. SIGNATURE AND TITLE OF CERTI	519	Pobs		M·D.		300		4 -	22 · 91		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS		2-6	p. Print) Lil	berty M	redice	ine.	Mp.	2/215		
31. DATE FILED (Month, Day, Year)					1 man	L. V . 1	solle	, מיץ	-1-12		
APR 26 199	1 June D	m's signature avidson-Ro	indees								

APA SE IN SECTION

	FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AN		HYGIENE REG. NO.		11000				
	1. DECEDENT'S NAME (First, Middle, Last)	RICHARD WORD	BEC. SR.		2. DATE (-95 YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 2 / / - () - 7 2 () 9s. FACILITY NAME (If not institution, give, si	5. SEX 6. AGE (In yrs.	YRS. MON	INDER 1 YEAR IF UNDER 24 HI THS DAYS HOURS MI	N. 13/0	7. DATE OF SHITH (Month, Dev. Year) EATH 9c. COUNTY OF DEATH						
TOR.	StJUSEPH HO	SSP. CAL		Tows			BAL	timore				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	DALLIMORE TOWSON 10										
ERAL	10e. STREET AND NUMBER	OPPA Rd	10g. CITIZEN OF WHAT COUNTRY?									
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO		axican, Puarto F	PANIC ORIGIN? (Specify Yea or No— 14. RACE — America kican, Puarto Rican, alc.)						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a. Completed) College (1-4 or 5+)	DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working ired.)			Corp.					
BE CON	17. FATHER'S NAME (First, Middle, Last) Harry Worobec				s NAME (Flost, A		_					
TO B	190. INFORMANT'S NAME (Type/Print) Kathleen Worobec		196. MAILING ADI	RESS (Street and Number or F	Rural Route Numb	er, City or Town	, State, Zip Code)					
	20a. METHOD OF DISPOSITION 1 ☐ Burlet 2 ☑ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State of cemei	ary, crematory or o	oisposition (Name ther place) Crematory	4/25/		timore					
	21. SIGNATURE OF FUNEBAL SERVICE LIC	Inelle		22. NAME AND ADDRESS OF Ruck Towson 1050 York F	FACILITY Tuner	al Hom	e, Inc.					
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	ine. 10CARU	enter the mode of dying,			atory arrest,	Approximata interval Between Onset and Death				
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CON	SEOUENCE OF):		-6							
ERTIFI	CAUSE (Disesse or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):									
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART											
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEAT	H (Check only on	е)						
PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatien 26a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Raside	28d. DES		JURY OCCURE)				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	I home, ferm, street		26f. LOC	ATION (Street a or Town, State)	nd Number or Ru	ral Route Number,				
COMPLETED	anal comp	29a. CERTIFIER (Check only) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.										
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	alho s	TAFFI	ND 29c. LICENS	E NUMBER	2	29d. DATE SIG	NED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WITH					-1-15	r., Tov	vson, Md.21204				
	APR 2 6 1991	32. REGISTRAR'S SIGNATUR	NE .				2					



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been commented in physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa	after death with the State Deprace and the state Deprace and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Department and the State Departm	IMPORTANT: If Item 28 is marked, or Item 23 Inov. By Impry, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	e filed within 72 hours after death with	MPORTANT: If Item 28 is market

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.			
literatura di	DOROTHY N	YINGLING	1-12	18		2. DATE OF DEAT	DAY Y	3. TIME OF DEATH		
	004 00 0555			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	l a	BIRTHPLACE (State or Foreign Country) Maryland		
	9e. FACILITY NAME (If not institution, give street	et end number)	98	. CITY, TOWN C	R LOCATION OF DE			Y OF DEATH		
TOR	UNION MEMORIAL		I	BALTIMO	RE CITY					
S I	10e. STATE 10b. COUNTY		10d. INSIDE CITY							
DIR	Maryland			OWN OR LOCAT	Ba	altimore		1 X YES 2 NO		
FUNERAL DIRECTOR	106. STREET AND NUMBER 3838 Roland	d Avenue Ap	t. 304	101	ZIP CODE	21211	10g. CITIZEI	U.S.A.		
B	11. MARITAL STATUS 1	U.S. ARMED 2 NO TES	If yes, sp	ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specify	I. RACE — American Indian, Black, White, atc. Specify: White					
	15. DECEDENT'S EDUCAT		16e. DECEDENT'S US	JAL OCCUPATIO	N	16b. KIND OF	BUSINESS/INDUS	STRY		
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work life. Do NOT use re HO	done during mo tired.) Nemake1			Homem	aker		
2	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Me	iden Sumeme)			
BE C	Fra	nklin P. Ke			Ве	ertha E.	Norris			
2	John J. Yinglir	ıg, Jr.	1 Far	nhurst	Road P	Route Number, City of Lymouth,	Massach	uttes 02360		
20e, METHOD OF DISPOSITION 1 Burlet 2										
	21. SIGNATURE ON FUNERAL SERVICE LICEN	ISEE/)	10. A)		D ADDRESS OF FA		HOME Ba	31 Falls Road lto., MD 21211		
	23. PART I. Enter the diseases of con	nplicetions that cewad	the death. Do not	enter the mo	de of dylng, auc	h as cardiac or i	eaniretory arres	t, Approximate		
	shock, or heart fellure. List IMMEDIATE CAUSE (Finel	at only one cause on ea	och ilne.	onto: the mo	ar aying, and	11 44 541445 57 1	oupliotory arroa	Interval Batween Onset and Death		
	disease or condition resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):				-	7 days		
NO	Sequentially list conditions, b.	SEPTIC S	SHOCK CONSEQUENCE OF:							
CAT	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	PERFORA	TED V	iscus	0					
CERTIFICATION	that initiated events resulting in death) LAST	CREENS S	CONSEQUENCE OF):	SCHEM	ic 1800	sel.				
8										
X	PART II. Other algnificant conditions	contributing to death bu	ut not reaulting in	ha undariyin	cause given in	Part I. 24a. WA	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
萬)						1 🗆 YI	S 2 THO	OF DEATH?		
1						_		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			OF DI	ACE OF DEATH (Ch	net entress				
PHYSICIAN	EXAMINER?	HOSPITAL:		THER:						
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C	F 28c. INJ	URY AT	6 Other (Specify 28d, DESCRIBE H	OW INJURY OCCU	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆	RK? res 2 No					
a l	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci		et, factory, offic		26f. LOCATION (S City or Town,	treet end Number or State)	Rural Route Number,		
COMPLET	one)	AN: To the best of my knowl On the basic of examination						l. ceuse(e) end manner ee stated.		
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	cun.			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)		
٥	30. NAME AND ADDRESS OF PERSON WHO THORP DAVIS 7	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	-	et mi	21211	5	, ,		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA			-, ,					
	APR 26 1991	La Lavidson B	ndell-							

the same of the

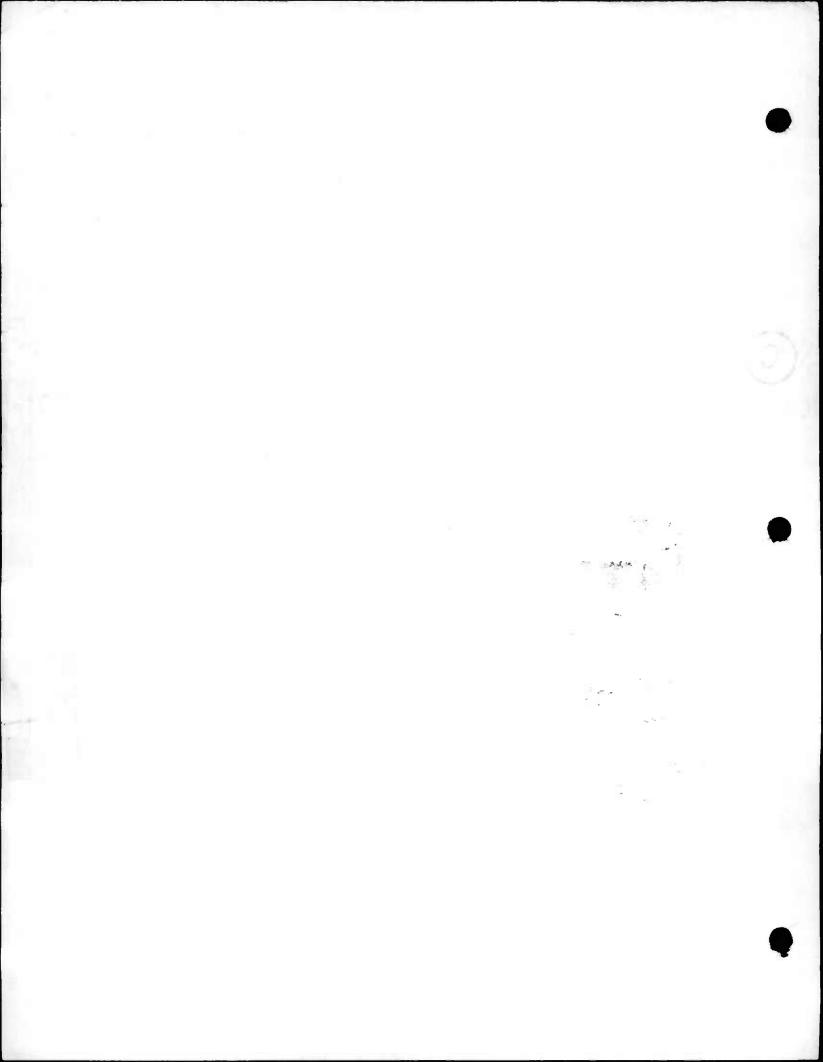
ARK 28 (20) Substantial

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
)	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,
re funeral director, page 5 should be writeche	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 5 should be attended by the funeral director page 6
r death. Page 6 may be retained by the (05)	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within presours after death. Phigh 6 may be retained by the

ttending physician. e as the burial-transit permit, Pages 1, 2, 3 should

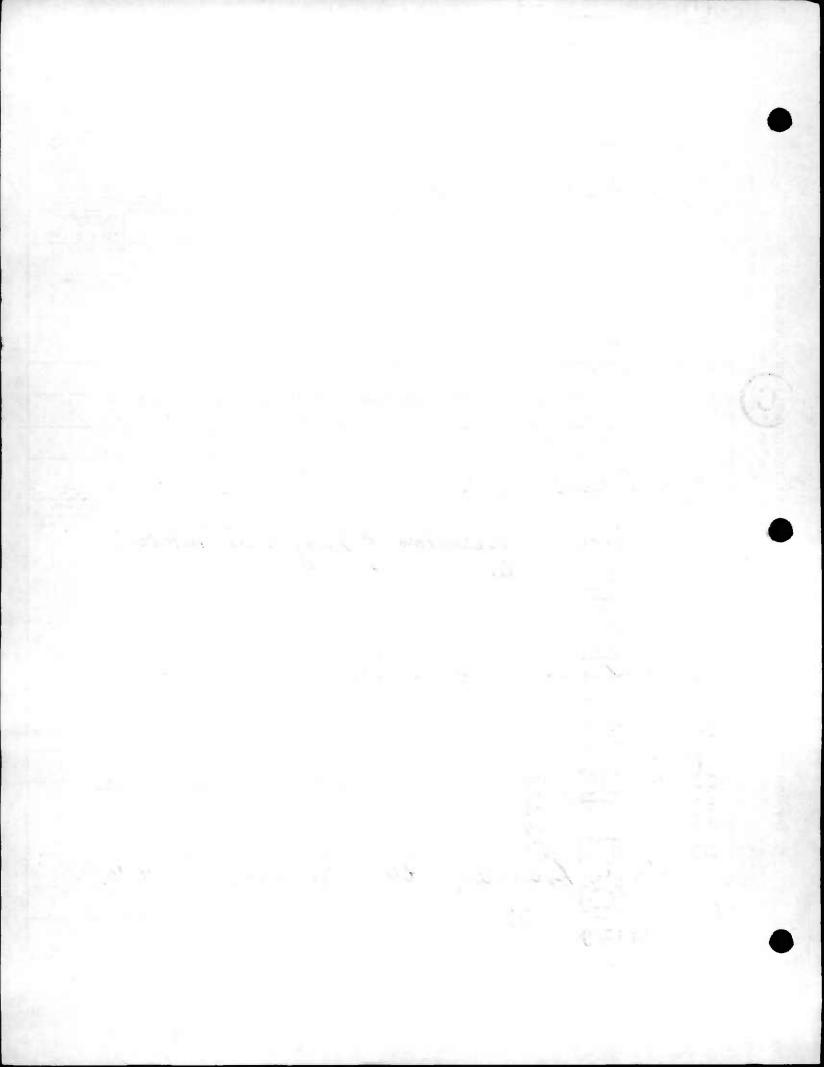
03-3146

	1 - FOR STATE REGISTRAR	STATE OF I					EALTH A		NTAL HYGIEN			11302
	1. DECEDENT'S NAME (First, Middle, Las DAUN	KAY	ADI	_ER				2	DATE OF DEATH DA	- 9	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 496-52-0874	5. SEX 1 M 2 TF	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	MIN.	DATE OF BIRTH (Month, Day, Year)		COUNTRY)	ACE (State or Foreign
	9s. FACILITY NAME (If not institution, give	street and number)	72		9b. CITY	, TOWN OF	R LOCATION			9c. COUNT		
DIRECTOR	2032 KINGSHOUSE	ROAD			SI	LVER	SPRI	ING		MON	NTGOM	MERY
										0d. INSIDE CITY LIMITS?		
									YES 2 NO			
FUNERAL	2032 KINGSHOUSE	ROAD						0905		US		
11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. WARDED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE— 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE— 17. Namer Married 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. RACE— 11. Namer Married 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. RACE— 11. Namer Married 11. Namer Married 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE— 15. Black, W								- American Indian, White, etc.				
1 Never Married 2 Nameried 2 Nameried 3 Wildowed 4 Divorced FORCES? 1 YES 2 No If yes, specify, Cuben, Mexicen, Puerio Ricen, etc.) If yes, specify, Cuben, Mexicen, Puerio Ricen, etc.) If yes, specify, Cuben, Mexicen, Puerio Ricen, etc.)								Specify: WHITE				
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	OUCATION ide completed)	(GI	ive kind of	Work done	CCUPATION during mos	N t of working		18b. KIND OF BUS	SINESS/INDU	STRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se ratired.)				DDTWAM	7		
OM	17. FATHER'S NAME (First, Middle, Last)		SEC	CRETA	AKI		18. MOTHE	ER'S NAME	PRIVATE (First, Middle, Meiden			
BE C	THEODORE L. WI	LSON							BETH BREC			
TO B	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILING	3 ADDRES	S (Street an	nd Number o	or Rural Rout	te Number, City or Town	n, State, Zip C	(ode)	
-	ROBERT BURK ADL	ER (HUSE				_						AND 20905
	20a. METHOD OF DISPOSITION 1	moval from Stats	20b. PLACE of other place METRO	ace)			-	•		CATION — CI		
	ALEXANDRIA, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.											
	► Slynn D	Sunel							INS FUNER BLVD., W.			
	23. PART I. Enter the diseases, o shock, or heart fellum	r complications the	et caused the de	eth. Do								Approximate Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	Hastan anne			.	_	(-					Onaet and Death
	resulting in deeth)		O OR AS A CONSEC			45T	Um	1CEV				140
z		- h			,,,							
TZ	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	QUENCE C	OF):							
FI C	ceuse, Enter UNDERLYING CAUSE (Disease or injury that initiated avanta	C. DUE TO	OR AS A CONSEC	QUENCE C	DF):							-
CERTIFICATION	resulting in deeth) LAST	d										
	PART II. Other algnificant conditi	one contributing to	death but not r	reculting	In the u	nderlying	cause gl	ven in Pa			24b. V	YERE AUTOPSY FINDINGS
OICAL									PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED					-							YES 25 NO
ä											<u> </u>	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO	HOSPITAL:	☐ ER/Outpatient 3	□ PO 4	OTHE	R:	ACE OF OE					
¥	27. MANNER OF DEATH	28s. DATE O	FINJURY	28b. TII	_	26c. INJU	JRY AT		Other (Specify) Bd. OESCRIBE HOW I	NJURY OCCL	JREO	
BY F	1 Natural 5 Pending 2 Accident Investigatio		Day, Year)		M	1 🗌 Y	ES 2	NO				
	3 Suicide 8 Could not t 4 Homicide determined	pe buliding	OF INJURY — At ho , etc. (Specify)	ome, farm,	street, fec	tory, office		2	8f. LOCATION (Street a City or Town, State)	and Number o	r Rural Ro	ute Number,
PLET	29a. CERTIFIER (Check only	YSICIAN: To the best of	f my knowledge, da	ath occur	red at the	time, dats	and place, s	and dus to	the cause(s) and mar	nner as stated	d.	
COMPL	onel	INER: On the besis of										and manner as stated.
BE C	296. SIGNATURE AND TITLE OF GENTIF	1	M)				29c. LICEN	NSE NUMBE	ER	29d. DATE	SIGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON	NHO COMBI EXED ON	ISE OF DEATH #==	M OT C	- Delen		129	673		1	112	91
	RAYUH BOCCI	4, hop	14808	_		24	LH		ROCKY	115	mi)
	PATH BOCKIA, MD 1488 PHYSICIALS LA ROCKUITE MO 31. DATE FILEO (MONTH, DOY, 1687) J. 32. REGISTRAR'S SIGNATURE APR 16 91 Julia Davidson Pandalle											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR					MENTAL HYGIEN REG. NO.	E		11000	
	1. DECEDENT'S NAME (First, Middle, Line JAMES HO	ward ARRIN	IGTON					2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE	ğ	91	3. TIME OF DEATH 6 20P M	
	4. SOCIAL SECURITY NUMBER 245-44-8708	5. SEX 8. AGE (in yrs. last birthday) YRS.	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH July 8, 1	934	Count	IPLACE (State or Foreign ry) th Carolina	
1	9a. FACILITY NAME (If not institution, give		1110	9h CITY	TOWN OF	LOCATIO	W OF DE		9c. COUN			
E I	PRINCE GEORGE'		ITER		VERL				100		GE Q RGE 'S	
5	RESIDENCE OF DECEDENT								11 (82)	TOL.		
DIRECTOR	Maryland Pri	nce George's		n, rown o			S				10d. INSIDE CITY LIMITS? 1 Type YES 2 NO	
100. STREET AND NUMBER 4907 Emo Street 20743									10g. CITI	ZEN OF	WHAT COUNTRY?	
									Uni	ted	States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 KMerried 3 Vidowed 4 Divorced	1 Never Married 2 KMarried FORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify: White						
	15. DECEDENT'S E	DUCATION	18a. DECEDENT'S	USUAL OC	CCUPATION	ν	_	16b. KIND OF BUS	SINESS/IND	USTRY		
	(Specify only highest gri	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done one eastern work done on the second work done or the second work don	during most	of working	g					
린	12		Roll B	ack D	rive	r		Automo	bile	Hau	ling	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAI	ME (First, Middle, Maiden	Surname)			
BE (C.C. Arringto	n				Eve	elyn	Evans				
10	190. INFORMANT'S NAME (Type/Print) Edna Jean Arrin	gton						noute Number, City or Tow itol Heigh	,	,	20743	
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R		o. PLACE AND DAT	y or other p	lace)				cation - vervi			
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		aney Bra				S OF FAC					
	X Rahen	& Fanah	M0019	8 RC 75	bert sethe	A.sda-	Pumr Che nsi	ohrey Fune vy Chase, n Ave. Bet	ral F Inc. hesda	Home,	20814-3501	
	23. PART I. Enter the diseases	or complications that caused	tha death. Do								Approximate	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Carc	ensma	17	the	, my	e i	with he	Jan	En	Interval Between Onset and Death	
_		DUE TO (OR AS A	CONSEQUENCE (or: O		0						
ATIO	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	OF):								
Ä		d										
CAL	PART II. Other algnificent conditions		out not resulting					Part I. 24a. WAS AN PERFOR	MED?	24	awailable prior to COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MED						-		_			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL/	ICE OF D	FATH (Che	eck only one)				
SIC	EXAMINER?	HOSPITAL:	netlant 3 DOA	OTHER	R:	1		6 Other (Specify)				
Ĭ	27. MANNED OF DEATH	28a. DATE OF INJURY	28b. TII	ME OF	28c. INJU	RY AT	Tarcence	28d. DESCRIBE HOW I	NJURY OC	CURED		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)		JURY M	1 Y		NO					
	2 Accident Investigation 1 YES 2 NO 3 Suicide 6 Could not be detarmined M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Route Number,		
COMPLET	onel	IYSICIAN: To the best of my know										
Ö		liNER: On the basis of examination	n and/or investigati	ion, in my a	opinion, de	ath occur	ed at the	time, data and place, ar	id dua to th	ne cause(a) and manner as stated.	
BE (29b. SIGNATURE AND TITLE OF CERTI	FIED		1, 1		29c. LICE	NSE NUN	IBER	29d. DAT	E SIGNE	(Month, Day, Year)	
9	carry /	ounce		w		1) 0	9-	776		7/1	017/	
<i>,</i>	30. NAME AND ADDRESS OF PERSON Barry Rosenber				ad, C	Cheve	erly	, Maryland	20	785	/	
	APR 12 '91	32. REGISTRAR'S SIGN	ATURE Pandel	2,								



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hospital or attending physician.

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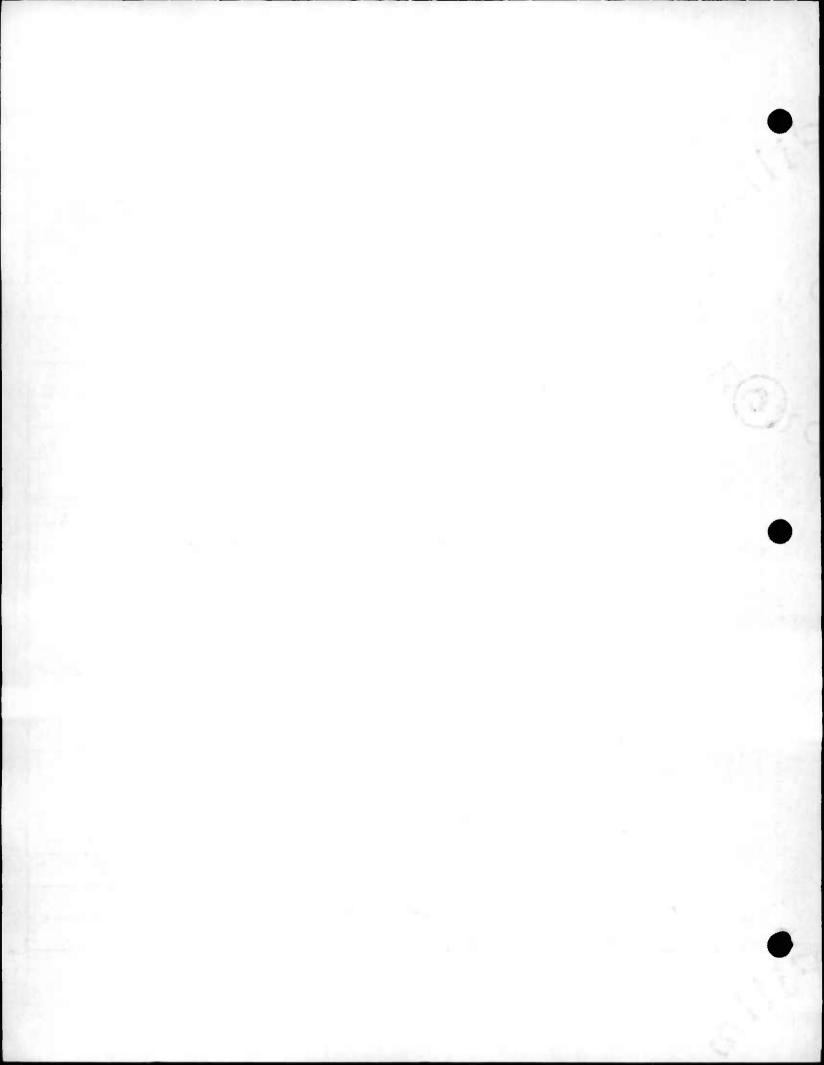
APR 12

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32. REGISTRAR'S SIGNATURE

Julia Davidson Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 1991 VIRGINIA Η. ALLAN APRIL 11, 7:45 A.M 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS **HOURS** 579-09-5987 1 M 2 XF 88 MAY 31, 1902 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH GREATER LAUREL-BELTSVILLE HOSPITAL RECTOR LAUREL PRINCE GEORGES RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 100 CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO ō 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 104 STREET AND NUMBER 101 ZIP COOE 2111 BELVEDERE BOULEVARD, #3 20902 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES 13. WAS DECENCENT OF HISPANIC ORIGIN? (Specify Yaa or No—
If yes, specify Cuban, Mexican, Puarto Rican, alc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b KIND OF BUSINESS/INDUSTRY (Specify only highe Elamentary/Secondary (0-12) COMPL DENTAL HYGIENIST DENTAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN HARTMAN MUSIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20901 9 ROBERT D. ALLAN 2111 BELVEDERE BOULEVARD, #3, SILVER SPRING, MD (SON) 20a, METHOD OF DISPOSITION
1 № Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Stata OAKWOOD CEMETERY 4 Donation 5 Other (Specify) CHARLOTTESVILLE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090 medicai 23. PART 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert fellure. List only one cause on sech line Interval Between **Onaet and Death** IMMEDIATE CAUSE (Final vascular accident the disease or condition event, resulting in death) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 injury, PART II. Other significant conditi ions contributing to death but got resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any TIT YES 2 TI NO Shows 1 YES 2 NO 1057 elucit PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 36. PLACE OF DEATH (Check only one) certificate to the State I, or item flem EXAMINER? OTHER: famt 3 D ER/Outpatient 3 DOA ng Home S [] Residence S [] Other (Specify) 25a. DATE OF INJUSTY 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 20b. TIME OF 28c, INJURY AT WORK? marked, 1 Natural 5 Pending 1 VES 2 NO ВY 2 Accident 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 38f. LOCATION (Street and Number or Rurel Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after de item 28 is 90 COMPLETED 4 🗌 Homicide 1 DEETIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If it 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2499 4/11/9 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LUIS 20707 1 CARAS MD 8317 LAUROZ mD CHERRY CA.



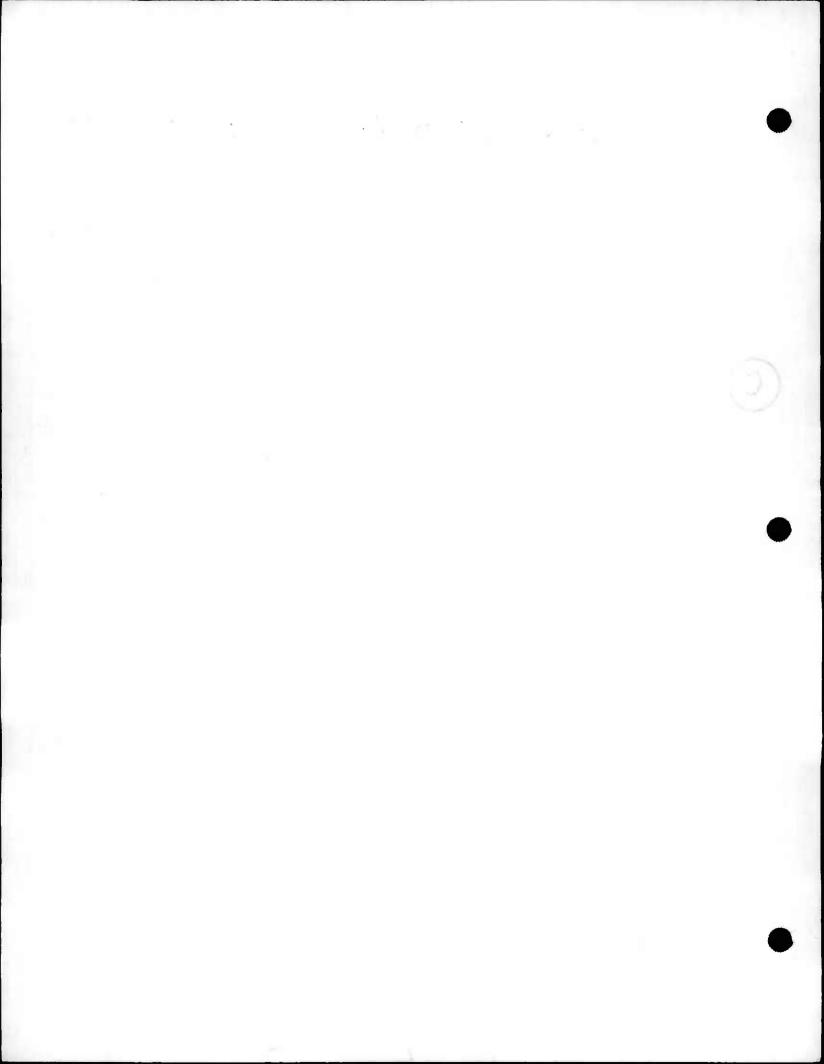
old or attending physician. If for use as the bunal-transit permit, Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mount	177 187 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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_	HOSPITAL	
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1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			IENTAL HYGIEN REG. NO.	E 9	11 11305	
	1. DECEOFNT'S NAME (First, Middle, Last)	BETTYLE	E ALL	DY		2. DATE OF DEATH	" 91 "	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	550	BIRTHPLACE (State or Foreign Country)	
į	207 22 3027	1 □ M 2 💢 F 62	YRS.	-0.550		April 16,	1928		
۳ ا	9a. FACILITY NAME (If not inatitution, give street and number)		9	Bowie	OR LOCATION OF OE	ATH	Prince Georges		
6	Bowie Health Center								
DIRECTOR	Maryland Prince	rince Georges Bowie				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
BY FUNERAL	100. STREET AND NUMBER 2506 Korvale Lane				or ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? United States				
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Mexican, Puario Rican, etc.) 1 VES 2 NO Specify:				RACE — Americen Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. OECEOENT'S US	rk done during mo	ON ast of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use			77	1		
Ř	17. FATHER'S NAME (First, Middle, Last)	-			Hospi				
	William Cutler				Matilda		1 Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow				n, State, Zlp Co	ode)		
욘		usband)	2506 Kd	rvale .	Lane, Bow	ne, MD.	20715		
						ocation – city or town, Stata ney, Maryland			
- 1	21. SIGNATURE OF MUNERAL SERVICE LICE	ENSEE			ND ADDRESS OF FAC		rial C	hapels, Inc.	
	· Parit	h M		1		-		e, MD. 20852	
	23. PART I. Enter the diseases or co	omplications that caused	the death. Do no						
	Interval Batween Onset and Daath disease or condition resulting in daath) a. Acute MI & CHB and author.								
	DUE TO (OR AS A CONSEQUENCE OF):								
NO.	Sequentially list conditions, Due to (or As a consequence of):								
CERTIFICATION	if any, isading to immediate cause. Enter UNDERLYING	HASCVI)							
Ĕ	CAUSE (Disease or Injury that initiated evants	OUE TO (OR AS A	CONSEQUENCE OF)						
H H	resulting in death) LAS!	resulting in death) LAST							
CALC								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	1.) 1) whele	4				1 YES		COMPLETION DF CAUSE DF DEATH?	
WE	a) COPD							1 TES 2 NO	
PHYSICIAN: MEDI									
SC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT		DESCRIBE HOW INJURY OCCURED		
ВУР	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		ORK? YES 2 NO				
COMPLETED B	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 26t. LOCATION (Street building, stc. (Specify) 27th (City or Town, State)					and Number or Rural Route Number,)		
١٣	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the cause(a) and manner as stated.								
No.	(Check only one) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, end due to the cause(a) and menner as stated.								
BEC	296 STONATURE AND TITLE OF CERTIFIER	(1)	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)			SIGNED (Month, Day, Year)			
528-1501 1/2703							6191		
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charles S. Angell, M.D., 611 Park Avenue, Baltimore, MD 21201								
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN				,			
APR 10 '91 Gulia Davidson-Aradelle									

91 11305

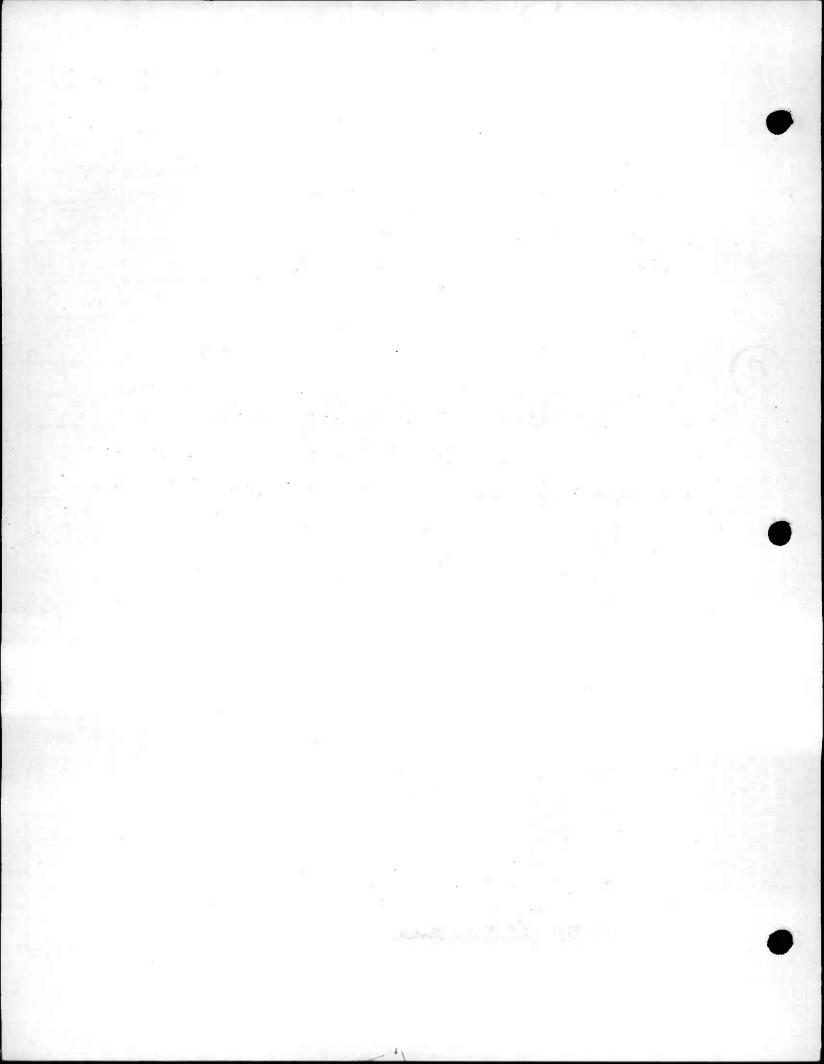
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BALTIMORE, MARYLAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retirent by seed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 means in parts be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neithed
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSI	this c	rked,
O	IDING	: After death	is ma
	ATTE	ECTOR 5 after	n 28
0	AL OR	AL DIR	If Item
	DISPIT	UNERA	ANT: 1
	THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Heath and Memal Hygiene prior to burial, cremation, or removal.	PORT
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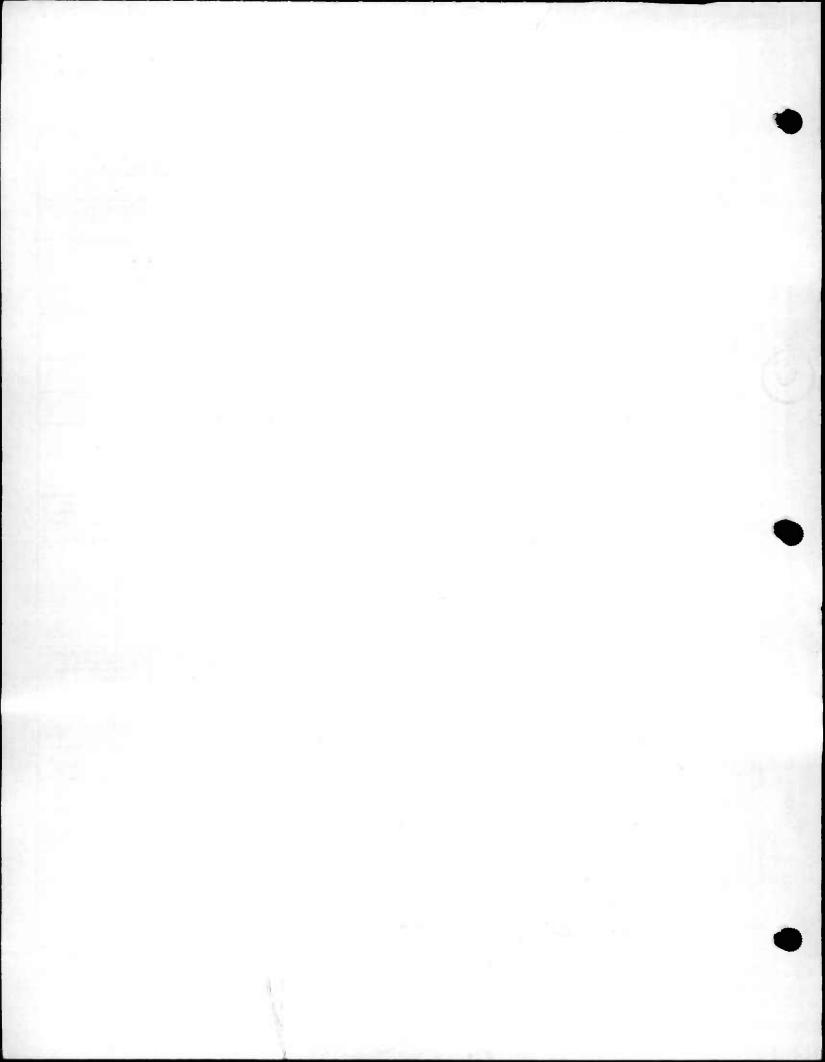
	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) Ella Naomi	Alle	n		2. DATE OF DEATH DO	AY 9 YEAR	3. TIME OF DEATH	
BY FUNERAL DIRECTOR	212-74-4792 1 - M 2 XI F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sep. 5,19	Cou	ATHPLACE (State or Foreign unity) aryland	
	9a. FACILITY NAME (If not institution, give street and number) 5052 Broad Run Road RESIDENCE OF DECEDENT			rson	EATH	9c. COUNTY OF DEATH Frederick		
	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	Maryland Frederick 10e. STREET AND NUMBER	Jefferson 10f. ZIP CODE			1 YES 2 XNO			
	5052 Broad Run Road		21755		U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specifi	BI	ACE — American Indian, act, White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	rk done durina mo	ON st of working	18b. KIND OF BU	SINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) Collega (1-4 or 5+) I/fe. Do NOT use r				T .			
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Farming Surname)		
BE C	Archibald L. Toms			Mary	Margare		ırr	
0	Mr. William J. Allen, Jr				Route Number, City or Tow		2 01755	
		DI DI DISPOSIT			Jefferson,	Mary Lai		
	1 XBurial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	Mount 01					Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE) M00706	Keene	y & Basf	ord P.A. F	uneral 1	Home	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final							
	disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):						(MM D) ME	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST							
	d							
EDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEC? 1 YES 2 NO					24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	OF WAS CASE DESERBED TO MEDICAL							
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO							
COMPLETED BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 VES 2 NO						
	2 Accident investigation 3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farm, str building, etc. (Specify)					LOCATION (Street and Number or Rural Route Number, City or Town, State)		
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
8E	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 4/3/9/							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AVE, BRUNSLICK ND 21716							
	31. DATE FILED MARIE DOX YOU 1991 32 HEGISTRAD'S SIGN	n- Andere						



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION

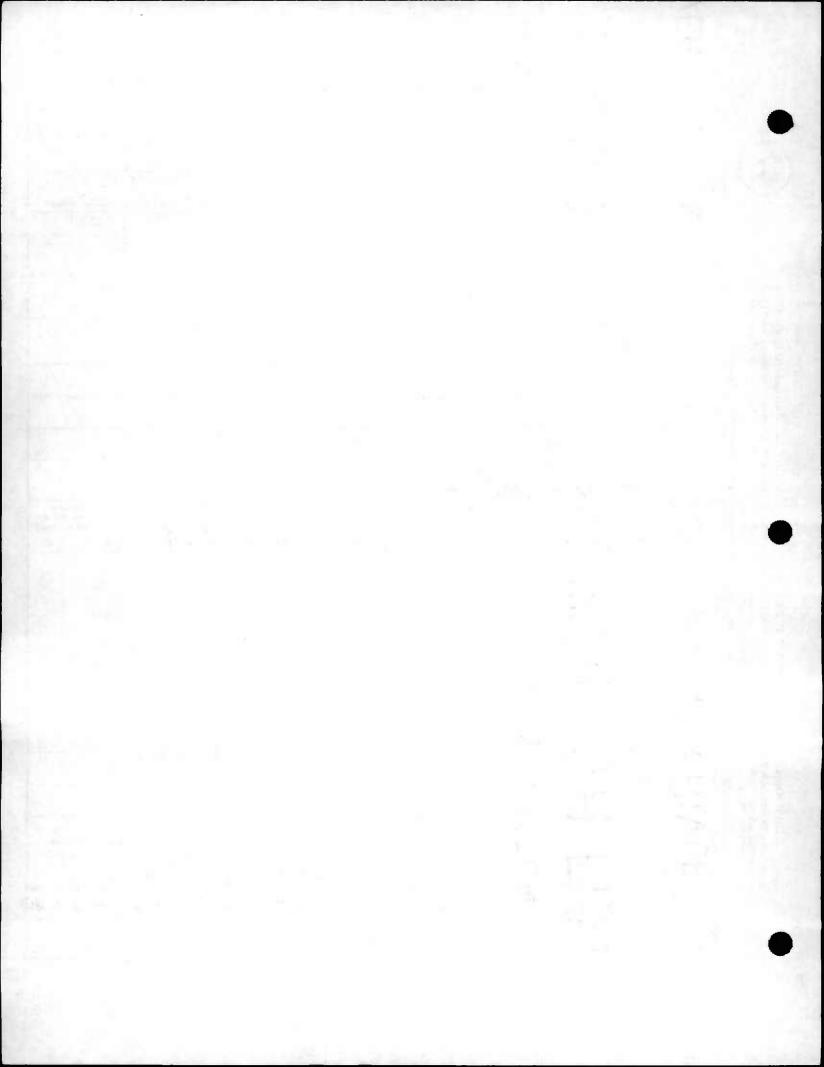
	REGISTRAR		CE	KIII	CALL	: OF	DEAL	н	1	REG. NO.			
;	1. DECEDENT'S NAME (First, Middle, Last) GRACE ADELAIDE AT	WELL	5	ĸ					2. DATE OF MONTH	DA	991	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-64-2829	5. SEX 1 M 2 F	8. AGE (In yrs. last I	oirthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF April	BIRTH ay, year)	1906	8. BIRTHPL	ACE (State or Foreign
FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give so 4513 Pine Valley RESIDENCE OF DECEDENT	_			96. CITY, TOWN OR LOCATION OF DEATH Middletown				ATH	90. COUNTY OF DEATH Frederick			
DIREC	100. STATE 10b. COUNTY Maryland Frede				ty, town or location iddletown					L/MITS?			0d. INSIDE CITY L/MITS?
ERAL	100. STREET AND NUMBER 4513 Pine Valley	Cowrt			10f. ZIP CODE 21769					10g. CITIZEN OF WHAT COUNTR			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced		TEVER IN U.S. ARM YES 2 TONO WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe If yes, specify Cuben, Mexicen, Puerto Ricen, 1 YES 2 NO Specify:								
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ighest grade completed) (Give kind or					work done during most of working se retired.)			186. KIND OF BUSINESS/INDUSTRY OWN. Home			
COM	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mide a (Unk				
BE	Matthew Lee 19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS	S (Street a			Route Number,			Code)	
욘	George F. Atwell								t, Mia				land 21769
	20e, METHOD OF DISPOSITION 1 \(\times \) Buriel 2 \(\times \) Cremation 3 \(\times \) Remote 4 \(\times \) Donation 6 \(\times \) Other (Specify)	ovet from State	Parkla		Cemer	tery				ROCI	cation – kvill	City or Tow	n, State aryland
	21. SIGNATURE OF TONERAL SERVICE LIC	Lich.	vitte)				nd addre						Street e, MD21773
	23. PART i. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition	List only one car				the mo	de of dy	ing, suc	h ss cardla	c or respi	retory sr	rest,	Approximate interval Between Onset and Death
	resulting in deeth)	DUE TO	O (OR AS A CONSEO	JENCE O	f):								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
AL CI	PART II. Other significant condition										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
: MEDICAL								_ 1	☐ YES 2	NO K		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					LACE OF E	DEATH (Ch	neck only one)			1	
YSIC	1 TES 2 TNO		☐ ER/Outpatient 3			rsing Hon	4 *	esidence	6 🗆 Other (
ву РН	27. MANNER OF DEATH 1 Metural 6 Pending 2 Accident Investigation	26e. DATE Of (Month, I	F INJURY Day, Year)	28b. TIM	IE OF JURY M	W	URY AT ORK? YES 2 [□ NO	28d. DESCI	RIBE HOW I	NJURY OC	CURED	X
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At hon i, etc. (Specify)	ne, farm,	street, fac	tory, affic				ION (Street Town, State)		r or Rural Ro	oute Number,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIED MIChael S. 1	Zudman.	ma				D	17/	06		29d. DAT	TE SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WH Middle town,	O COMPLETED CAL	SE OF DEATH (ITEM ICH ABZ S. A BOX 17.	ENDY	n, Print) NAN, PDLC	mi	n.n	, 1) 2	1769				
	31. DATE FILED (MONTH, BEY, YEAR) 3 19	99 32. REGISTA	AR'S ISTGNATURE	Pand	BQ.								



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BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page ation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, a real find within 72 hours after death with the State Dept. of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME CERTIFICA			IENTAL HYGIEN		11308	
200	1. OECEOENT'S NAME (First, Middle, Last) ANNA	С.	A	dams		2. DATE OF DEATH	199	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-10-7505	1 🗆 M 2 💢 F	92 YRS. MONT	HS DAYS HOU		7. DATE OF BIRTH (Month, Day, Year) JULY 3, 18			
TOR	9a. FACILITY NAME (If not institution, give a PENINSULA GENE RESIDENCE OF DECEDENT	RAL HOSPITAL		SALISI		ATH	WICO:		
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	ICOMICO		10c. CITY, TOWH OR LOCATION SALISBURY				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	100. STREET AND NUMBER 7 16 ROGERS STRI	EET		10f. ZIP	2 180 1		USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 1 NO	If yes, specify		C ORIGIN? (Specify Ye , Puarto Rican, etc.)	on or No— 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of v ad.)	working	16b. KIND OF BU	ISINESS/INDUST	TRY	
COMP	5 YEARS 17. FATHER'S NAME (First, Middle, Last)	NO	SUPERV		MOTHER'S NAM	SHIRT NE (First, Middle, Maider	FACTO	RY	
TO BE (JOHN WALTER 198. INFORMANT'S NAME (Type/Print)	KEY	WELCH 19b. MAILING ADDR		DA Imber or Rural R	(unk)		IGGS	
ĭ	ALBERT WELCH-BRO	9/91 2	20b. PLACE AND DATE OF C	ISPOSITION (Nam	e	LISBURY.	MD 218		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		WICOMICO ME	22. NAME AND AD HOLLOWA	PORESS OF FAC				
CERTIFICATION	iMMÉDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	B A CONSEQUENCE OF): B A CONSEQUENCE OF):	<u> </u>	٩	ec I do	A	Onset and Daath	
MEDICAL	PART II. Other significant condition	na contributing to death	but not resulting in the	undarlying ca	use given in i	Part I. 24a. WAS A PERFO	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE	OF DEATH (Che	ock only one)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF OEATH Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF	28c. INJURY WORK?	AT	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUP	RED	
ED BY	2 Accident investigation 3 Sulcide 8 Could not be datarmined datarmined datarmined							Rural Route Number,	
COMPLETE	and any	SICIAN: To the best of my kno						cause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE		M 10		2J 6			IGNEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	C CONPLETED CALLS OF	DEATH (ITEM 27) (Type, Print)	wen	14.	Sa (i	5/20.	y adzis	
8	31. DATE FILED (MOHH, Day, Your)	1 32. REGISTRAR'S SH		202	,				



BALTIMORE, MARYLAND 21203-314	ter death. Page 6 may be retained by the hospital or attending ph	the funeral director, page 5 should be detached for use as the by
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by
DIVISION	. OR ATTENDING	DIRECTOR: After

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending I	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the i	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	U. DIRECTOR: After this certificate has been signed by the attending physicil	2 hours after death with the State Dept. of Health and Mental Hygiene prior	if Item 28 is marked, or Item 23 shows any injury, or other tra
TO THE HOSPIT	TO THE FUNER	be filed within 7	IMPORTANT:

	REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEI REG. NO	-1	1 11309		
	1. DECEDENT'S NAME (First, Middle, Last) ANA M	ARA AS	ENDORF		4 1	DAY YE	S. TIME OF DEATH		
	2 20 70 1207	SEX 8. AGE (In yrs.	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	76	BIRTHPLACE (State or Foreign Country) MARYLAWO		
TOR	98. FACILITY NAME (If not Institution, give street HIID TENOAKS RESIDENCE OF DECEDENT		536 D	AYTOW	EATH	9c. COUNTY	OW ARD		
DIRECTOR	10a. STATE 10b. COUNTY	owaren	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 4/10 The	DAIS RD		101. ZIP CODE	1036		OSA		
à l	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Novered 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	MINO III	AS DECENDENT OF HISPAN yes, specify Cuban, Maxica YES 2 NO Specifi	an, Puarto Rican, etc.)	as or No— 14.	. RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	moleted)	DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	iring most of working	16b. KIND OF B	BUSINESS/INDUST	IRY		
COMP	17. FATHER'S NAME (First, Middle, Last)	IRY SUCH		WIFE 18. MOTHER'S NA	AME (First, Middle, Maide		5.30.12		
TO BE	19a. INFORMANT'S NAME (Type/Print) William Askin)	port		(Street and Number or Rural	Route Number, City or Ti		SUCHTING ON AMD 210S		
	20a. METHOD OF DISPOSITION 1	If from State Other Metr	CE OF DISPOSITION (Name of place)	y Inc	Ca	LOCATION — CHY	y or Town, State le Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS Harry H.		Han	AME AND ADDRESS OF FA rry H Witzk 12 Old Colu	e Funeral				
	23. PART I. Enter the diseases, or comphock, or heart failure. Lies IMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one cause on each i	death. Do not antar tillna.	ha moda of dying, auc	h sa cardiac or res	piratory arrest	t, Approximate interval Batween Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):						
MEDICAL	PART II. Other significant conditions of	ontributing to death but no	ot resulting in the und	arlying cause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:	OTHER	26. PLACE OF DEATH (C): ing Home 5 💥 Rasidence					
ву рну	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28d. DEŞCRIBE HOV						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	i home, farm, street, facto	ry, office	261. LOCATION (Stree City or Town, Sta		Rural Route Number,		
COMPLETED	anal —	AN: To the best of my knowledge, On the basis of examination and							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7		29c. LICENSE NU	MBER	29d. DATE S	BIGNED (Month, Day, Year)		

EVELYN 31. DATE FILED (Month, Day, APR 16'91 JACKSON mo

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21029 5540 TEN OAKS

DHMH-16 Rev 1/89

Morro Greenbury Enc Action of American Maryland
array & Minde Found of American Color
into The John of a color

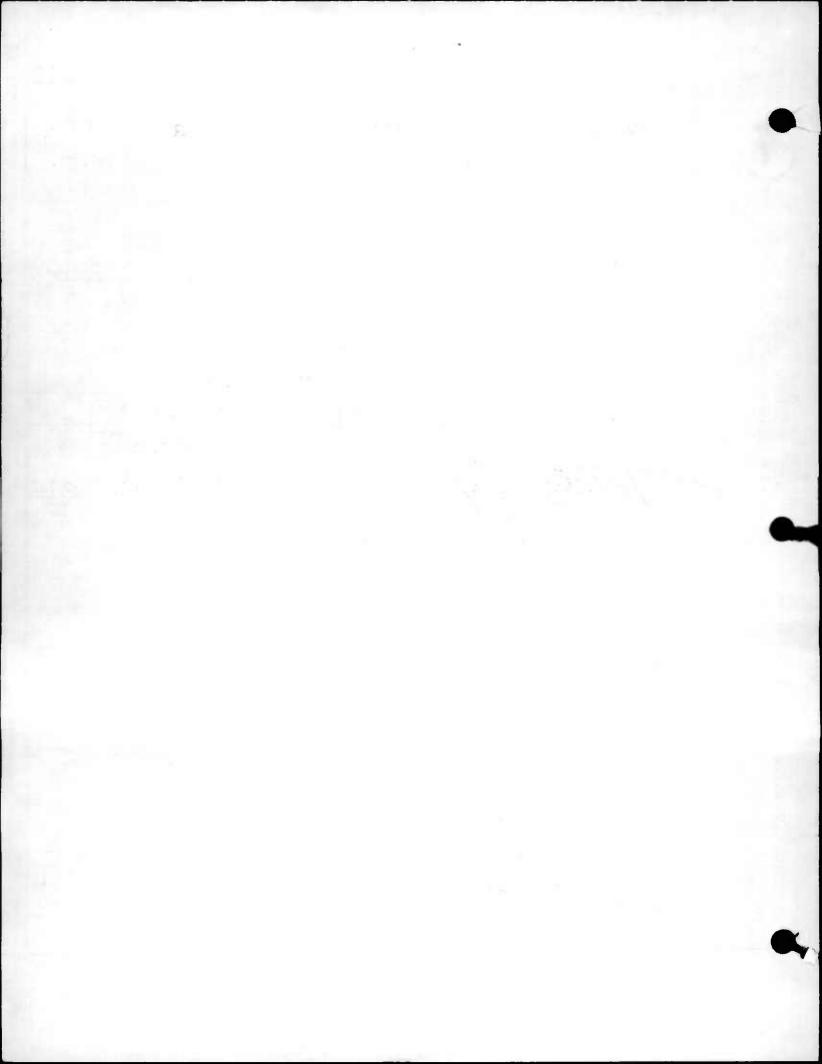
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c., nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	4	11.1	2. DATE OF DEATH MONTH/ DAY	YEAR 3. TIME OF DEATH
	Malcolm Graham	4.	tkins, sr.	7 13	91 77 AM
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	230-38-2677 1,5 № 2 🗆 ғ	57 YRS.	MONTHS DAYS HOURS MIN.	11-17-33	Pulaski, VA.
_	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR LOCATION OF DEA	ATH 9c.	COUNTY OF DEATH
FUNERAL DIRECTOR	Anne Arundel Hedical Center		Annapolis	Â	nne Arundel
딥	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
R	Maryland Anne Arundel	Deal	е		LIMITS?
7	10e. STREET AND NUMBER		101. ZIP CODE	10g.	. CITIZEN OF WHAT COUNTRY?
ER/	626 Harshall Avenue		20751	U	SA
2	11. MARITAL STATUS 12. WAS DECEDENT		13. WAS DECENDENT OF HISPANI		— 14. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Merried FORCES? 11 IF YES, GIVE WAR	OR DATES	If yes, specify Cuben, Mexican 1 ☐ YES X M NO Specify:		Specify:
		1 - 20-00-00			White
1	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	ISUAL OCCUPATION ork done during most of working orkiford 1	16b. KIND OF BUSINESS	S/INDUSTRY
P.E.	Elementary/Secondery (0-12) College (1-4 or 5+)		supervisor	Postal	Sarvica
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1036413		AE (First, Middle, Maiden Surnar	
Ö	john Friel Atkins			th C. icGlot	
BE (19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural R	oute Number, City or Town, State	e, Zip Code)
5	Johnnie 3. Sellers	273 Rd	ed Clay Road Apt	201 Laurel,	:ID 20724
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Removal from State	20b. PLACE OF DISPOSI	TION (Name of cometery, crematory or	20c, LOCATIO	N — City or Town, State
	4 Donation 5 Other (Specify)		Mashington Crem	atory Laure	1, ND
	21, SIGNATURE OF FUNERAL SERVICE UCENSEE	1	Fleck Funeral		
	atalitules of	3/	7601 Sandy Sp		Laurel, ID 20707
	23. PART L'Enter the diseases, or complications that	used the death. Do no	ot enter the mode of dying, such	as cardiac or respirator	
	shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final	on each line.			Interval Between Onset and Daath
	disease or condition reauting in death)	Stem Is	chemia		
		R AS A CONSEQUENCE OF			
Z	0				
CERTIFICATION	If any, leading to immediata	R AS A CONSEQUENCE OF):		
<u>2</u>	CAUSE (Disease or Injury	R AS A CONSEQUENCE OF			
Ē	that initiated events resulting in death) LAST	N AS A CONSECUENCE OF	•		
E	d				
	PART II. Other algnificant conditions contributing to d	1 1-	tha underlying cause given in i	Part I. 24s. WAS AN AUTO PERFORMED?	
음	Diabetes Melliton	ener Fai	lure	1 N YES 2 N	COMPLETION OF CAUSE
W				_ '	1 TES 2 W NO
ž					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ick only one)	
IYS			4 - Nursing Home 5 - Residence		
	27. MANNER OF DEATH 26a. DATE OF IN (Month, Day,		OF 28c. INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY	Y OCCURED
BY	2 Accident investigation	NJURY — Al home, farm, at		26f. LOCATION (Street and No.	umber or Burel Bouts Number
	3 Suicide 6 Could not be 4 Homicide determined	c. (Specify)	, lectory, office	City or Town, State)	amber of riore riode reamber,
9	29e. CERTIFIER				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examiners.				
	29b. SIGNATURE AND TITLE OF CERTIFIER_				
H	C) Jana D (STA	ham	29c. LICENSE NUM	18ER 29d 5 6 3 ►	DATE SIGNED (Month, Day, Year)
2		OF DEATH (ITEM 27) (Type			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE		· ····y		. (1)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Way ne D Sicvba 31. DATE FILED (Month, Day, Year) 32. REGISTRAR	um 13	4 owensvil	Le Rd, V	vest River, mo



1 - FOR STATE REGISTRAF STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR			CHIIL	ICAI	UF	DEA	П	REG. NO.			
1.	DECEDENT'S NAME (First, Middle, Last)	Lewis A	lhert F	Ridwel	1				2. DATE OF DEATH DA ADril 14.	" 1991	YEAR	3. TIME OF DEATH 9:30 P M
4	SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1001	-	HPLACE (State or Foreign
	504-05-0356	1 [X M 2 [] F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	July 29, 1	900	Count	(44)
- 11	a. FACILITY NAME (If not institution, give :		30		Oh OTT	TOMA	OR LOCATION	ON OF D			LOW INTY OF I	
- 19		50000							EATH	-		
	Meridian Nursing	Center			51	Lver	Spr	ing		MO	ntgo	mery
	DO. STATE South 106. COUNT	Υ		10c, CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY
	Dakota	Lake	9	R	Ramona							1 X YES 2 NO
19	De. STREET AND NUMBER						. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
	Box 36			570			054	Un	ited	States		
11	I. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F NISPAI	HC ORIGIN? (Specify Yea	or No-	14. RAC	E — American Indian, ik, White, etc.
3	☐ Never Married 2 💢 Married ☐ Wildowed 4 ☐ Divorced	IF YES, GIVE Y		CINO			2 X NO		n, Puerto Rican, etc.) y:		Spec	
	15, DECEDENT'S EDU		16a.	DECEDENTS	USUAL O	CCUPATI	DN		16b. KIND OF BUS	SINESS/IN		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	II-II	(Give kind of life. Do NOT u	work done	during me	et of working	ng	III III III			
-	8				or				Agric]+	mo	
	7. FATHER'S NAME (First, Middle, Last)			Farm	61	-	18 MOT	HEDIC NA	ME (First, Middle, Maiden		16	
	Frank Bidwell											
-	DE INFORMANT'S NAME (Type/Print)			***					na Corliss			
1									Route Number, City or Town			
L	Donna Rae Quinna	m		11104	Mar	kwoc	d Dr	ive,	Silver Sp	ring	, MD	20902
1	6g, METHOD OF DISPOSITION ☐ Burial 2 ☐ Cremation 3 ☐ Rem ☐ Donation 5 ☐ Other (Specify)	noval from State	other	CE OF DISPO r place) 10118 C			metery, crer	natory or				h Dakota
	1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- I Han	ioria o			ND ADDRE	SS OF FA		iiu,	3000	II DOKULA
	· Ellen &	1 0-			R	app	Fune:	ral	Services,	P. A		
	Cullen 4	J. Ra	PP		9:	33 G	ist	Aven	ue, Silve	r Sn	rina	. MD 20910
NO INC.	Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CON-	SEQUENCE C	PF:							
	hat initiated events resulting in death) LAST	d	(011 110 11 0011	SEGUENCE C								
	PART II. Other algnificant condition	an contribution to	death but no	nt manifelma	In the su	ad a shala		aluna la	Part I. 24s. WAS AN	ALFTORON		b. WERE AUTOPSY FINDINGS
							y cause	yiven in	PERFOR	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2												
2	S. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	EATN (C	neck only one)			
	EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpations	3 🗆 pos	OTHE	R:						
;	7. MANNER OF DEATH	28a. DATE OF		28b. Til		_	ne 5 ∐ R JURY AT	esidence	6 Other (Specify)	N.IIIPY A	CCHRED	
	1 Netural 5 Pending 2 Accident investigation	(Month, L	Day, Year)	IN IN	JURY M	W	ORK? YES 2 [] NO	200, UEQUINE NOW I	Judni Ol	CONCU	
3	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — AI , etc. (Specify)	t home, farm,	street, fac	tory, offi	De .		28f. LOCATION (Street City or Town, State)		er or Rural	Route Number,
2	cont only	907							e to the cause(s) end ma e time, date and place, ar			(s) and manner as stated.
	96. SIGNATURE AND TITLE OF CERTIFIE	Jus	MA				29c. LIC	ENSE NU	69	40		0 (Month, Day, Year) 1 15, 1991
3	Merton L. Whit					Aver	nue,	Sil	ver Spring,	MD	2090)2
3	APR 15 91	Pena Day	AR'S SIGNATUR	ndell.								

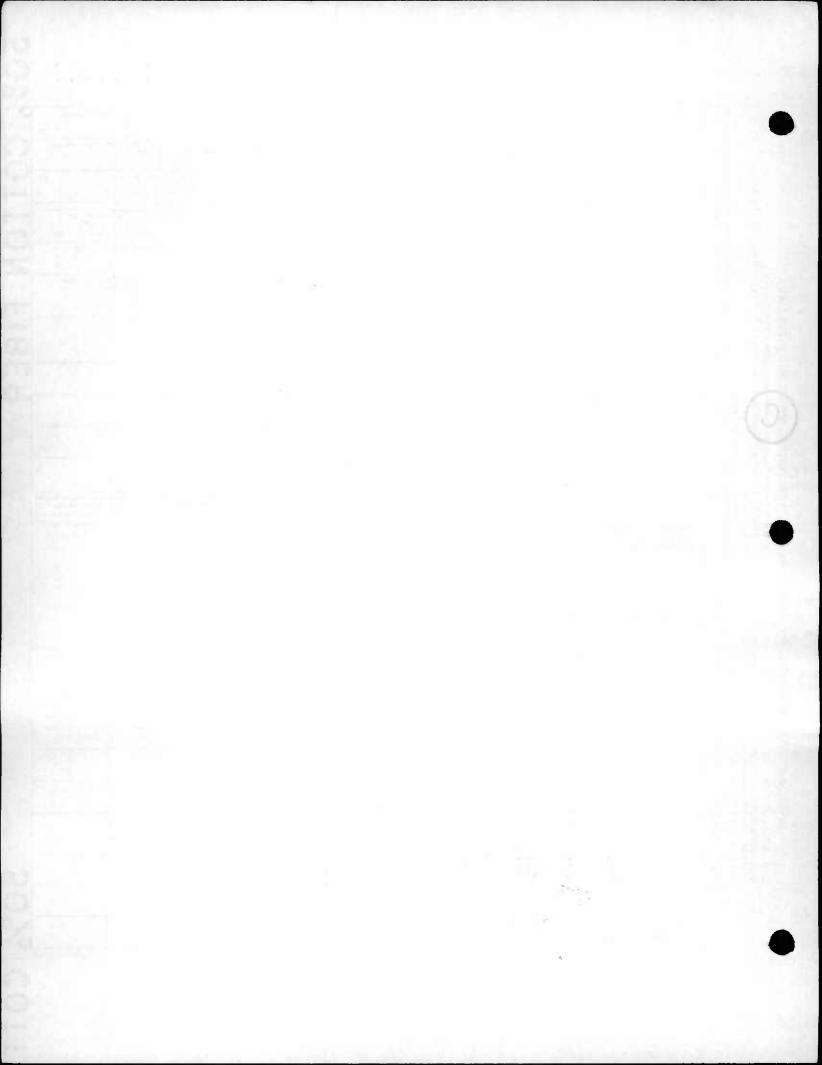
the detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 few forms and the detechent TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directur, were 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MARYLAND 21203-3146

BALTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



REG. NO

BALTIMORE, MARYLAND 21203-3146	nours after death. Page 6 may be retained if the honoral or attending physician.	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amound to definit has as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be nettiled at the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained 1 may be	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the 1 be fleed within 72 hours after death with the State Dect, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neithfied and

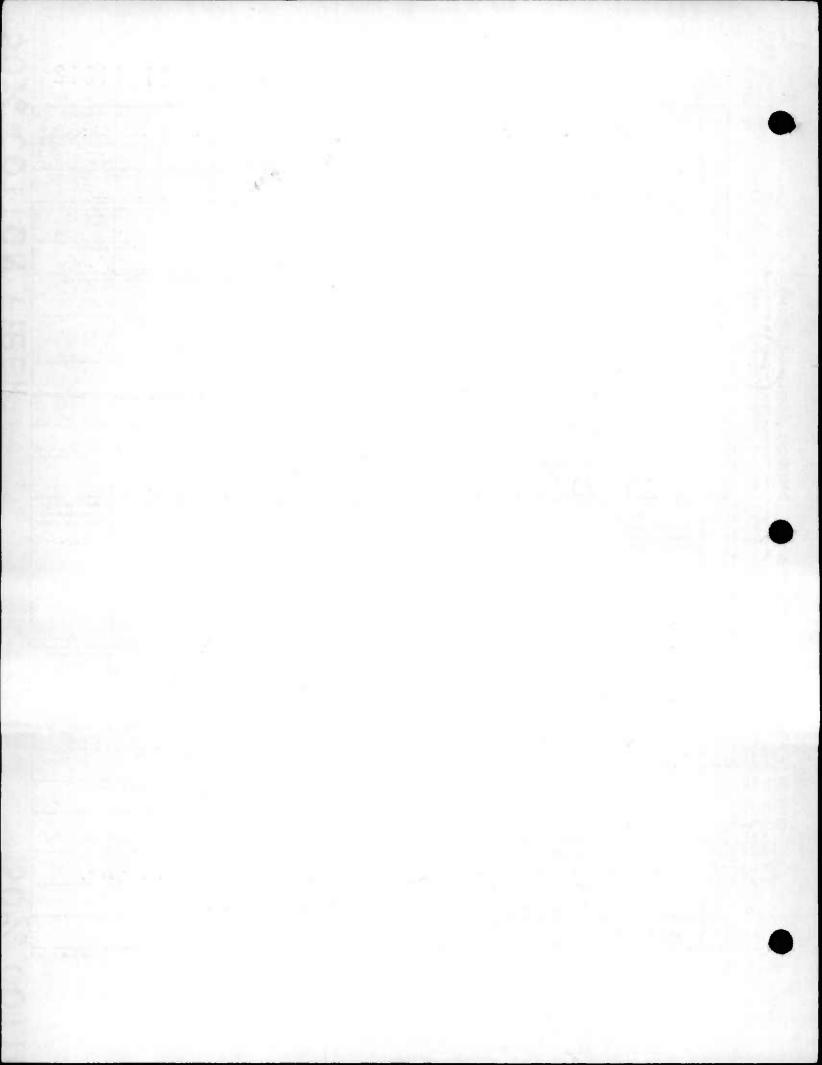
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR 04 Charles R. Baker 91 11:30 am 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 69 JULY 3, 578-18-8818 1921 WASHINGTON DC 9a. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH DIRECTOR Montgomery General Hospital Olney Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3438 CHISWICK COURT 20906 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WWII 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced If yee, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY WHITE COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 6+) ELECTRICIAN ELECTRICAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES ROWLAND BAKER MARGARET BE NOONE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BETTY L. BAKER (WIFE) 3438 CHISWICK COURT, SILVER SPRING, MARYLAND 20906 20a. METHOD OF DISPOSITION
1 □√Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State SILVER SPRING, MARYLANI 4 Donation 6 Other (Specify) GATE OF HEAVEN CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 24 TAAR WELLAGORESS OF CASTLEINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 209 1 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition ys DUE TO (OF AS A CONSEQUENCE OF): concer resulting in death) CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 | He 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 200. SIGNATURE AND TITLE OF CERTIFICE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 91 wer 013832 13 Am 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Donild E. m D 20832 Dillon mod DIL 32. REGISTRAR'S SIGNATURE DE 31. DATE FILED (Month, Day, Year)

APR 16 '91

APR 16

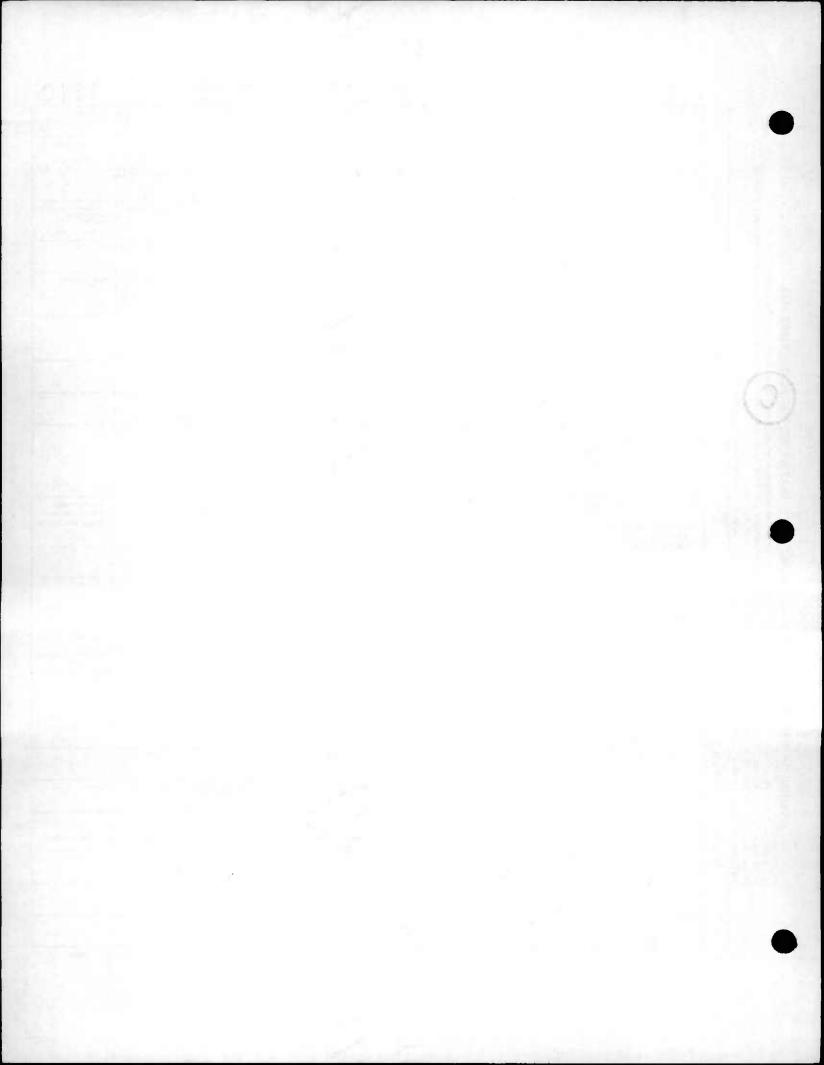


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	AN: T	tificat Star	92	
Constitution of the control of the c	PSICI	Is cer	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o	
•	IG PH	ath w	nark	
2	ENDIN	R: Af	50	
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	H H	出版	ORTA	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may manned in the hospitation of the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages simuld be intache to find within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

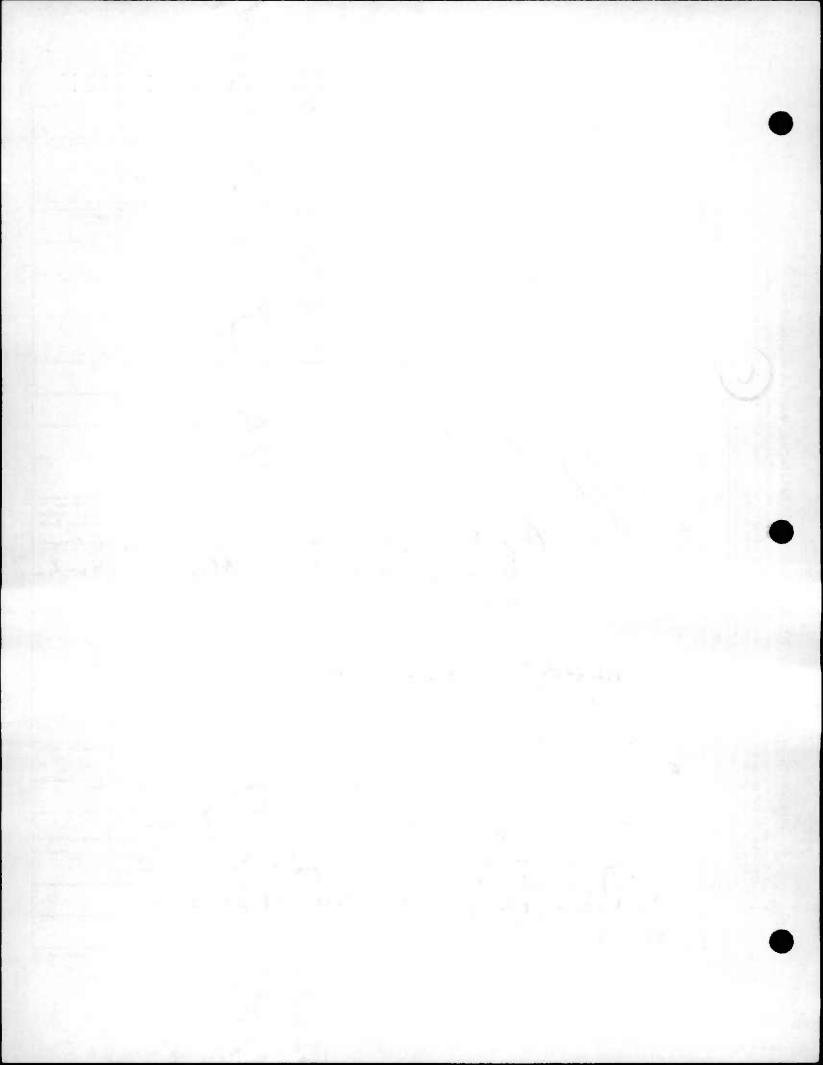
hospital or attending physician. Tached for use as the burial-transit permit. Pages 1, 2, 3 should

ND 21203-3146

FOR STATE REGISTRAR	STATE OF MARY		CATE OF		D MENTA	L HYGIENE REG. NO.	91	11313
1. DECEDENT'S NAME (First, Middle, Le Nancy	Dunkin Bats	on	,		MONT	2. DATE OF DEATH DAY YEAR APRIL 11, 1991 1:45		
4. social security number 236-40-9528	5. SEX 6. AGE	(In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	. (Mon	of BIRTH th, Day, Year) 1 25, 1921	Country)	Virginia
4208 Glenridge				on Location of Lington	F DEATH		Ontgom	
Maryland Mor		1,100	, TOWN OR LOCA	3.7410				d. INSIDE CITY
0e. BTREET AND NUMBER	tgomery		ensingto "	of, ZIP CODE	20895		TIZEN OF WHA	
4208 Glenridge it. MARITAL STATUS Never Married 2 Married 2 Married 2 Married 2 Married 3 Married 3 Married 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2)(10	If yes, s	CENDENT OF HIS pecify Cuben, Me 3 2 NO Sp	N? (Specify Yea or No-	Specify:	American Indian, white, etc.	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		18e. DECEDENT'S L (Give kind of w life. Do NOT use Realto	rork done during m retired.)	ON ost of working	Real Esta	IDUSTRY	1200	
7. FATHER'S NAME (First, Middle, Last) William F. Dunk	in			Mabe]	L Gay	Middle, Malden Surname)		
David D. Batson	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 4208 Glenridge Street, Kens 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or							
20a. METHOD OF DISPOSITION 1 Burlel 2/1 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE	S	uburban C	Rapp	FUNETA.	l Serv	Silver S vices, P. A Silver Sp	١.	Maryland
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST	b. Mota DUE TO (OR AS	A CONSEQUENCE OF		unon	y c	unkno	yim	Onset and Deal
PART II. Other algolificant conditions	d	but not resulting l	n the underlyle	ng cause giver	in Part I.	24s. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	C	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
PS. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XXVO	HOSPITAL:	toutient 3 🗆 DOA	OTHER:	PLACE OF DEATH				
77. MANNER OF DEATH 1 \(\) Natural 5 \(\) Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c, IN	JURY AT ORK? YES 2 NO	28d. DI	ESCRIBE HOW INJURY O	CCURED	1990
2 Accident 3 Suicide 6 Could not determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Four, State)							rte Number,
	IYSICIAN: To the best of my kno							and manner as stated.
SIGNATURE AND TITLE OF CERTIFICATION	DM W			D-3	NUMBER 32	1.	oril 1	fonth. Day. Year)
RAM STREET	HAN IIIPR	nckvI	Pin Pil	ce #	208	Pock	VILLE	MD208
ADD 12 '91	Julia David	NATURE Pandell						



	FOR 1 - STATE REGISTRAR	STATE OF M				HEALTH AND DEATH	MENTAL	HYGIEN REG. NO		11314
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C			3. TIME OF DEATH
	William S. 1	Bahlman					Apri	7 7 0		1 11:38 a.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Ybar)	0.	BIRTHPLACE (State or Foreign
	578-50-5244	1 M 2 □ F	86	YRS.	IONTHS DAYS	HOURS MIN.	Feb.	2.3.	1905 W	Vash., D.C.
	9a. FACILITY NAME (If not institution, give				B. CITY, TOWN	OR LOCATION OF		,	_, ,	Y OF DEATH
DIRECTOR	Montgomery (General H	lospita	a1	01r	ney			Mont	gomery
l Ä	10a. STATE 10b. COUN				TOWN OR LOC					10d. INSIDE CITY LIMITS?
ā	MD Mor	ntgomery		Sil	ver Sp	ring				XX YES 2 NO
4	10s. STREET AND NUMBER				1	01. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
8	15320 Pine Orch	nard Drive				20906			U.S	S. A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED		CENDENT OF HISP				
_	1 Never Married 2 Married	FORCES? 1 L	☐ YES 2 ☑N NR OR DATES	ю		specify Cuban, Mexic S 2 NO Spec		can, etc.)		Specify: White
B	3 Widowed 4 Divorced	7/6-50/1	70 1019							WIII CE
COMPLETED	15. DECEDENT'S ED (Specify only highest gra				SUAL OCCUPAT		16b.	KIND OF BU	SINESS/INDUS	STRY
1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	166m	Do NOT use	retired.)	nost ar worlding				
1 4	0-12	2 yrs.	Asst	Reg	Direct	or	Na	tiona	1 Park	Service
100	17. FATHER'S NAME (First, Middle, Last)	VIII-2-4-4.				16. MOTHER'S N	AME (First, Mi	iddle, Maiden	Surname)	
	Leonard J. Bahl	man				Mary	Ba11			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING A	DDRESS (Stree	and Number or Rura		or, City or Tow	m. State. Zip Co	ode)
2	Mary C. Bahlma	n.								ing, MD 20906
	201, METHOD OF DISPOSITION					remetery, cremetory or				y or Town, Stata
	1 G-Burlal 2 Cremation 3 Re 4 Donation 6 9ther (Specify)	movel from Stars	other of	roe)	Cemet			- 1		
	21. SIGNATURE OF FUNERIAL SERVICE	Chanes/	ROCK	CIEER		AND ADDRESS OF F	ACH ITY	_ wa	sningt	on, D.C.
	1/6/1/1	77/ /				es/Rinal		neral	Home	
	MUU N	1/ Warn	2							il. Sp. MD
	23. PART I. Enter the diseases, o	r complications that	caused the de	ath. Do no	t enter the n	node of dying, su	ch aa cardi	ac or resp	Iratory arres	t, Approximate
	shock, or heart failure	a. List only one caus	se ory each line.		7					interval Between Onset and Death
	disease or condition	1	The same	1/4	100	Nun				112
	resulting in death)	DE TO	OR AS A CONSEC	HIENCEON	Voun	mit		1.		6 10m
	_	Simila	11	1	1.1	ther.	0	Har	-	Qual
Ó	Sequentially list conditions,	b. DUE TO,	OR AS A CONSE	UENCE OF	77	1010	- 1	1	-	100000
¥	if any, leading to immediate cause. Enter UNDERLYING	(Inh			V				9	
문	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	QUENCE OF):						
E	resulting in death) LAST									
CERTIFICATION		d								
اب	PART II. Other significant conditi	one contributing to	death but not r	esulting in	the underly	ng cause given i	n Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICA	NLA	sto les	Can	- nemi	_	A		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Va	the						1 (100)		DF DEATH?
2										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				24	PLACE OF DEATH (C	Chack nate on	d		l
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outs of the C		OTHER:					
<u>S</u>	27. MANNER OF DEATH	1 25a, DATE OF				ome 5 Rasidence	_			
	1 Natural 5 Pending	(Month, Da		286. TIME INJU	RY 1	NJURY AT VORK?	28d. DE\$6	CRIBE HOW	INJURY OCCU	RED
i ka	2 Accident Investigation					YES 2 NO				
8	3 Suicide 6 Could not b	28e, PLACE OF building, e	F INJURY — At ho etc. (Specify)	me, farm, sti	reet, factory, of	fice	28f. LOCA City o	TION (Street r Town, State	and Number or	Rural Route Number,
	4 Homicide determined									
COMPLET	29a. CERTIFIER (Check only	SICIAN: To the best of a	my knowledge, de	ath occurred	at the time, de	ite and place, and d	ue to the caus	e(s) and ma	nner as stated	
M										cause(s) and manner as stated.
	29b. SIGNATURE AND HOLE OF CERTIF		10			29c LICENSE M	IMBER	17		BIGNED (Month, Day, Year)
B	B Som	AVV				Mola	20030	H	DATE:	t-10-5/
2	30. NAME AND ADDITIONS OF PERSON N	VHO COMPLETED CAUS	E OF DEATH OVE	M 27) (3 1	Drinet I					10-//
	15011	18.1	Ti.	\/D	nL	VY IN	41.2	1-3		4
	21 DATE EN ED (Month On: Mari		NA DI	CIVI	(1	00	0 / 1		
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	de00.						
	APKII JI	1	I second and fine	-						



DHMH-16 Rev 1/89

FTED BY FUNERAL DIRECTOR

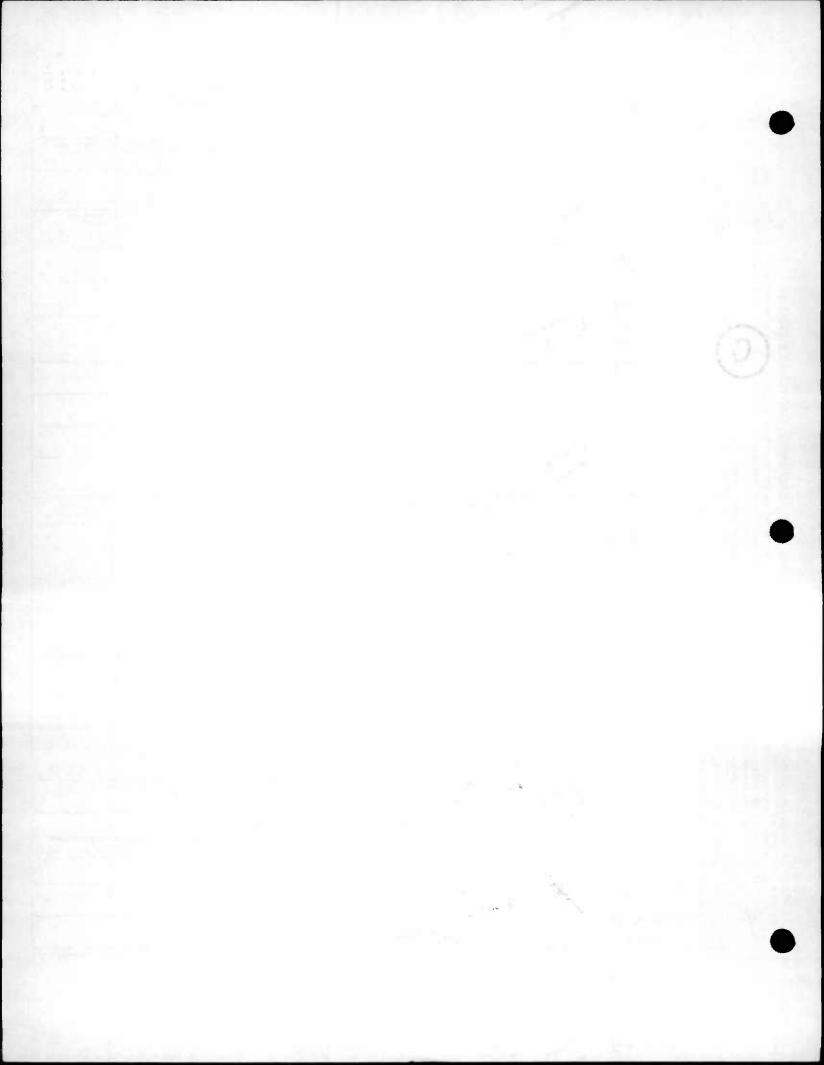
TO BE CO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at mast

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		C	EKIIFI	CALE	OF	DEAL	H	REC	G. NO.			
1. DECEDENT'S NAME (First, Middle, Lest Mildred		Α.			Ва	atema	n	2. DATE OF DE	27 DAY	91	YEAR	3. TIME OF DEATH 12:30 A M
4. SOCIAL SECURITY NUMBER 212-18-0320	5. SEX	6. AGE (In yrs. Is		IF UNDER 1	YEAR DAYS	IF UNDER:	24 HRS. MIN.	7. DATE OF BIR (Month, Day, 1 2/21/1	TH (Mar) 92:	2	Count	HPLACE (State or Foreign ry) RYLAND
9a. FACILITY NAME (If not institution, give	street and number)			9b, CITY,	TOWN C	OR LOCATIO	N OF DE				NTY OF D	DEATH
NATIONAL LUTH	ERAN HO	ME		F	ROCI	KVIL	LE			MON	ITGO	MERY CO.
10a. STATE 10b. COUN	TY		10c. CITY	, TOWN O	R LOCAT	TON						10d. INSIDE CITY
MD. BAI	TIMORE			BAI		MORE						1 NES 2 ND
6040- HARFORI	ROAD				101	. ZIP CODE				US		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	H	yes, sp	ENDENT OF Cubar 2 X NO	, Mexica	NIC ORIGIN? (Specin, Puerto Rican, e y:	city Yes Hc.)	or No-	Blac	E — American Indian, k, Whita, etc.
15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		- 6	ECEDENT'S I Give kind of w le. Do NOT use	ork done d	CUPATIO	ON at all working	7	16b. KIND	OF BUS	INESS/INE	DUSTRY	
12	Conega (I-4 of B	"	OFFI	CE W	VOR	KER		N.	TOL	AVA	ILA	BLE
17. FATHER'S NAME (First, Middle, Lest)	-						ER'S NA	ME (First, Middle, i				
ELMER ABELS	, SR.						ADE	LE (AE	BELS	5)		
19s. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street a			Route Number, City			Code)	
REV.DR.REICHA	RD		9701	-VEI	RS	DRI	VE,	ROCKV				20850
20a METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 5 Donation	moval from Stata	MOR	E OF DISPOSE Dispose ELAN	D ME	eMO	netery, crem RIAL	PA	.RK			-	own, Stata
21. SIGNATURE OF FUNERAL SERVICES	NOAL	^			AME AP	HYSO	s of fa					
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST	b. DUE TO	OF AS A CONSI	EDUENCE OF	ar								Interval Between Onset and Death
PART II. Other algnilicant condition	a. one contributing to	death but not	resulting l	n the un	dertyin	g cause g	iven in		MAS AN APERFOR		241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DE	EATH (Ch	eck only one)				
1 YES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA	OTHER 4 Nurs	ing Horr		eldence	8 C Other (Spec	Hy)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE Of (Month, L		20b. TIME		WC	URY AT ORK? YES 2	NO	28d. DESCRIBE	HOW II	JURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE (OF INJURY — At I	nome, farm, s	treet, facto	ory, offic			281. LOCATION City or Town	(Street a n, State)	nd Numbe	r or Rural	Route Number,
10.00	SICIAN: To the best of a											a) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTIF	EN					29c. LICE	NSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
alley /lle							313	and the second s		▶3	27	-9/
Dane A	Taller	SE OF DEATH (IT	EM 27) (Type,	Print)	15	Dr	6	erman	toc	un,	صط	28874
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	and sec							/		



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle Last)

1 -

ā	VISION	P	VITAL	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	P. O.	BOX	13146,	•
1		-	-					

2. OATE OF DEATH 3. TIME OF DEATH YEAR MONTH 60:25AM 8 Elenora Bril1 A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗌 M 2 😡 F DAYS HOURS MIN. VDE 354-03-9475 1/19/1892 Scotland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2701 Hewitt Silver Spring Montgomery 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 🔯 YES 2 🗌 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 2701 Hewitt 20906 Ave U.S.A. 11 MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— if yes, specify Cuben, Maxican, Puerio Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced 1 YES 2 NO Specify: Specify: BY White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elamentary/Secondary (0-12) College (1-4 or 8+) Self Employed Nurse 17. FATHER'S NAME (First Michille Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Gibb Stewart Elspet Birnie BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 funeral director, page 5 Eleanor A. Edberg 2701 Hewitt Avenue, Silver Spring, Md. 20906 ä 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Stata Hills Fort Lincoln Crematory Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY examiner Hines/Rinaldi Funeral Home ON 11800 New Hampshire Ave., Sil. Spr. Md. 20904 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Death the state disease or condition resulting in death) 'au diac houra event, DUE TO (OR AS A CONSEQUENCE OF): REAGE oronary traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events injury, or other DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO Deen ō PHYSICIAN: Dent. 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO Home 5 Residence 8 - Other (Specify) 4 🗆 Nu the 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED with a marked. 1 Netural 2 Accident 1 YES 2 NO After th BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) . OR ATTENDII DIRECTOR: A hours after d 3 🔲 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00 6 Could not be COMPLETED 4 [] Homicide 28 29a. CERTIFIER

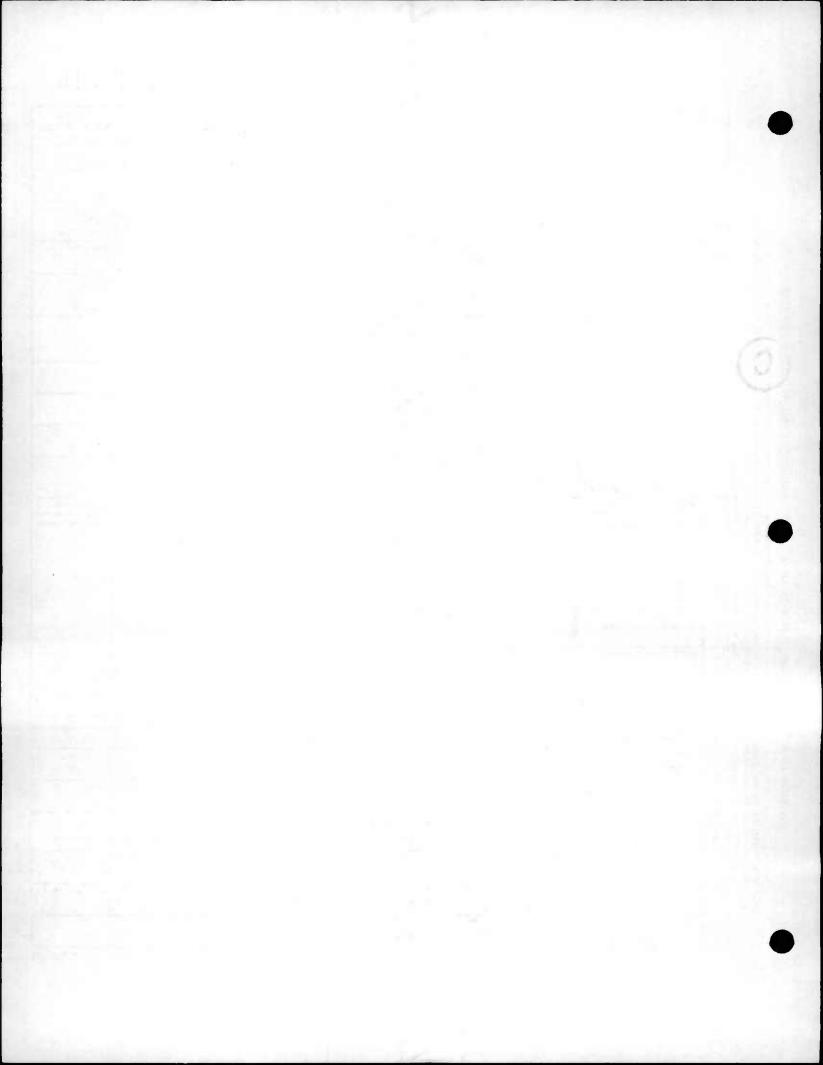
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h MEDICAL EXAMINER: On the besis of an TO THE HOSPITA
TO THE FUNERA
Be filed within 7.
IMPORTANT: I ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year 29c LICENSE NUMBER BE 280 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) حملو 60 312 Cet es consin SUR 610 00 10 w 32. REGISTRAR'S SIONATURE who Davidson Randall 'Q 1 APR 1 ()

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DHMH-16 Rev 1/89

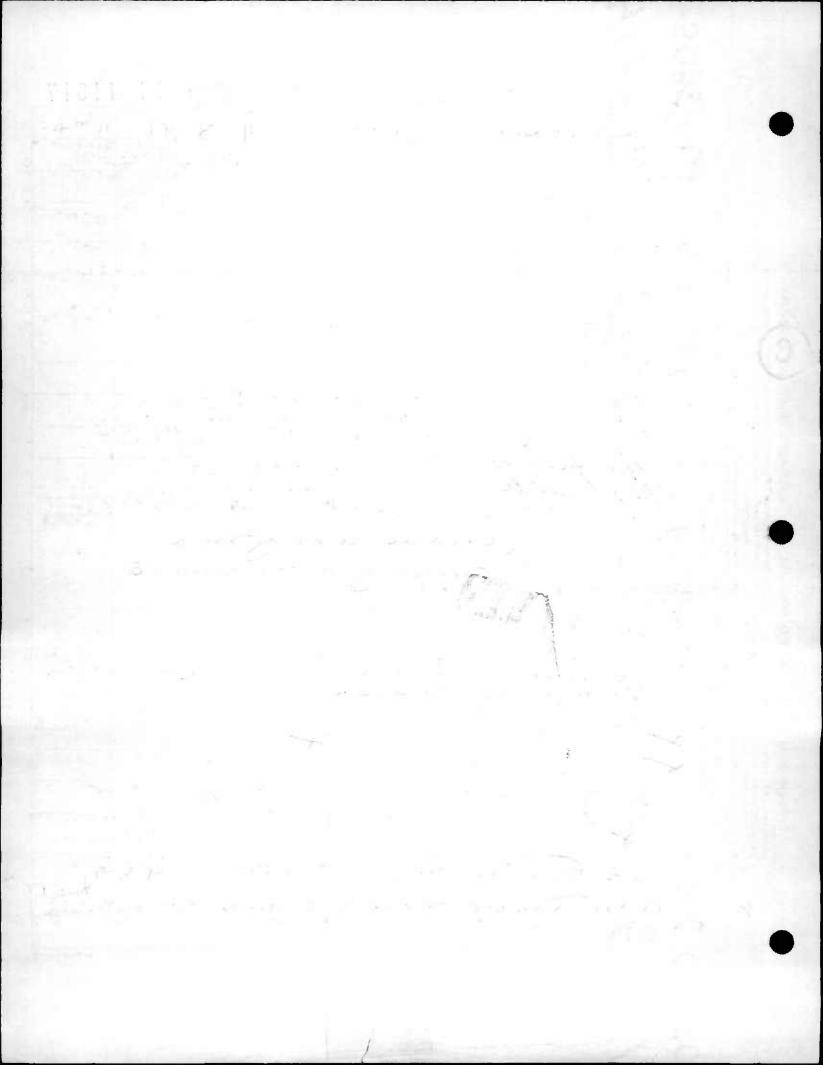


/ \	BALTIMORE, MARYL IN CARGO-3	ernours after death. Page 6 may be retained by imagestral government	filled in by the funeral director, page 5 should be detached for use as no, or removal.	te medical examiner must be notified at once.	TO BE COMPLETED I
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by integrand or management of the Hospital Committee	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

mending physician.

	1 - FOR STATE REGISTRAR				OF HEALTH AND OF DEATH	MENTAL	REG. NO.	E 9	1 11317
	1. DECEDENT'S NAME (First, Middle, Lest,	CLAUDE E.	C 2	ra		2. DATE	OF DEATH	Y G YE	3. TIME DF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday)	IF UNDER 1 Y	7	7. DATE	OF BIRTH	10.1	BIRTHPLACE (State or Foreign
	14-03-9776	1 反 M 2 □ F	72 YRS.	MONTHS E	DAYS HOURS MIN.	Apr	Day Year)	1918	Virginia
	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TO	OWN OR LOCATION OF D			9c. COUNTY	
TOR	710 Tanley	Road			Silver Sp	oring		Mon	tgomery
DIRECTOR	10a. STATE 10b. COUN	Montgomer		SI	LOCATION Lver Spring	3			10d. INSIDE CITY LIMITS? 1 YES 2 ND
FUNERAL	100. STREET AND NUMBER 710 Tanley Road				101. ZIP CODE 2090)4		10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FDRCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 27 NO AR DR DATES	lf y	S DECENDENT OF HISPA rea, specify Cuben, Mexic YES 2 X NO Speci	an, Puerto F	? (Specify Yea Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: Yes
8	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18e. DECEDENT'S	USUAL OCC	UPATION	16b.	KIND OF BUS	SINESS/INDUST	TRY
PET	Elementary/Secondary (0-12) 1-11th.	College (1-4 or 5+)	A SAME AND A SAME AND	klaye	ing most of working		G. Hy	man	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			Sumame)	
BE	Jesse Barder	11							
٥	192. INFORMANT'S NAME (Type/Print) Marie K. Barder	n			ey Road, S:				
	20a METHOD OF DISPOSITION 1	moval from State	20b. PLACE OF DISPO other place) COLESVI	11e C	of comotory, cremetory or emetery			cation - chy	or Town, State ing, Md.
li	21. SIGNATURE OF FUNERAL SERVICE L	исембер //			WE AND ADDRESS OF F	ACILITY TO			
	· Shillis O	moldi							ng, Md. 20904
	23. PART I. Enter the diseases, or	complications thet	caused the daeth. Do	not enter th	na mode of dying, su	ch as card	flac or respi	ratory arrest	Approximsta
	shopk, or heart fallure IMMEDIATE CAUSE (Final	s. List only one caus	se on agen line.						Interval Between Onset and Death
Ιi	disease or condition								
ł I	resulting in death)	•	ardio	-	arr.	1	Low	0	ļ _
		a. DUE TO (DR AS A CONSEDUENCE C	OF):	arr.	2	hour	0	5
NO		b	Coruno	-ca	arts	200	roscie	0000	8
ATION	resulting in death)	b	DR AS A CONSEDUENCE OF	-ca	arte	200	roscia	0000	&
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	Coruno	OF):	art.	200	rons	18031	8
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEDUENCE O	OF):	arr.	2	hun	0000	8
. CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	CCTC MO OR AS A CONSEQUENCE O	OF):	arr.	2	house	Altmost .	& Albandary Emplace
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	OF):		n Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAISE
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (c. DUE TO (d	OR AS A CONSEQUENCE Of the consequence of the conse	OF): OF): In the under t		n Part I.	24a. WAS AN PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (c. DUE TO (d	OR AS A CONSEQUENCE Of the consequence of the conse	OF):		n Part I.	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (c. DUE TO (d	OR AS A CONSEQUENCE Of the consequence of the conse	OF): OF): In the under t		_	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE Of the consequence of the conse	OF): In the under the control of th	28. PLACE OF DEATH (C	theck only or	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported by the conditions of	DUE TO (d	OR AS A CONSEQUENCE CONSEQUENC	OF): In the under the und	28. PLACE OF DEATH (C	heck only or	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 ND
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported by the conditions of	DUE TO (d	OR AS A CONSEQUENCE CONSEQUENC	OF): In the under the control of th	28. PLACE OF DEATH (C	heck only or	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 ND
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are supported by the conditions of	DUE TO (d	OR AS A CONSEQUENCE CONSEQUENC	OF): In the under OTHER: 4 Nursin ME OF LIURY M	28. PLACE OF DEATH (Cong Home Schedence Sc. INJURY AT WORK? 1 YES 2 NO	Check only or 6 Other 28d. DES	PERFORM 1 YES 2 10 10 10 10 10 10 10 10 10 1	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 ND
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OE DEATH Natural 5 Pending investigation	DUE TO (d	OR AS A CONSEQUENCE CONSEQUENC	OF): In the under the street, factor at the time.	28. PLACE OF DEATH (C) 19 Home Residence 8c. INJURY AT WORK? 1 YES 2 NO y, office	check only or 6 Othe 28d. DEs 28f. LOC City	PERFORM 1 YES 1 YES ATION (Street or Town, State)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND FOR THE PRIOR TO PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OE DEATH Natural 5 Pending investigation	DUE TO (d	OR AS A CONSEQUENCE CONSEQUENC	OF): In the under the street, factor at the time.	28. PLACE OF DEATH (C) 19 Home Residence 8c. INJURY AT WORK? 1 YES 2 NO y, office	check only or 6 Othe 28d. DEs 28f. LOC City	PERFORM 1 YES 1 YES ATION (Street or Town, State)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OE DEATH Natural 5 Pending investigation	DUE TO (d	OR AS A CONSEQUENCE CONSEQUENC	OF): In the under the street, factor at the time.	28. PLACE OF DEATH (C) 19 Home Residence 8c. INJURY AT WORK? 1 YES 2 NO y, office	28d. DE:	PERFORM 1 YES 1 YES ATION (Street or Town, State)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND FOR THE PRIOR TO PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pending investigation are sufficient could not be determined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER) 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (d	OR AS A CONSEQUENCE COMMENT OF THE PROPERTY OF	OFF: In the under the und	28. PLACE OF DEATH (Cong Home Schedulers) 9c. INJURY AT WORK? 1 YES 2 NO 10, office 10, date and place, and definion, death occured at the	28d. DE:	PERFORM 1 YES 1 YES ATION (Street or Town, State)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND Fural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions of the conditio	DUE TO (d	OR AS A CONSEQUENCE COMMENT OF THE PROPERTY OF	OFF: In the under the und	28. PLACE OF DEATH (Cong Home Schedulers) 9c. INJURY AT WORK? 1 YES 2 NO 10, office 10, date and place, and definion, death occured at the	28d. DES 28f. LOC City are to the case time, date	PERFOR 1 YES 2 YES TO YES	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND Fural Route Number,

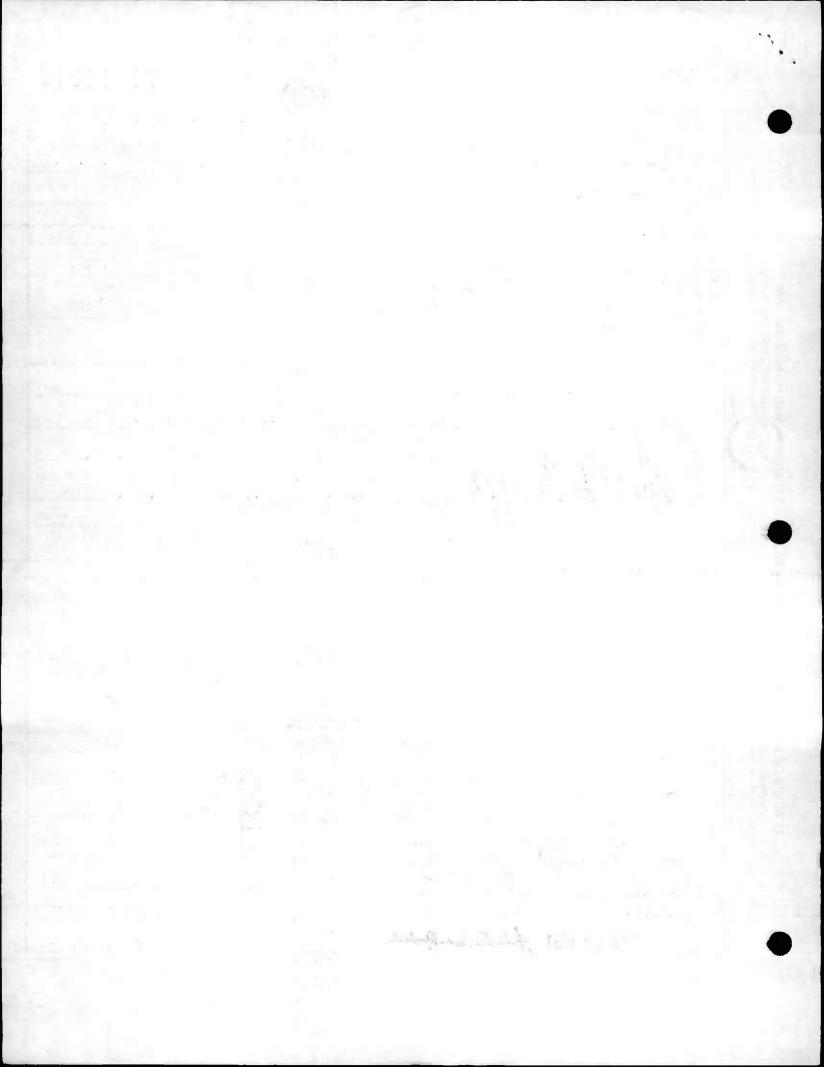


netified at once.

	death	fune	examin
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral action of the following and action of the following t	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
	24 110	filled	he m
5	1 within	mpletely	vent, t
DIVISION OF WITH THE COURSE, 1.3. BOX 397 33,	executed	and co	matic e
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	certifica	ding phy	other
	death	atten	Iry, 0
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	es tha	gned safth 2	s an
1	requir	een si	show
Į	e law	has b	1 23
	N.	State	Item
•	SICIA	certif	6
)	4G PHY	ter this	marked
2	ENDI	R: Al	8
-	ATT	65	28
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	PITAL	ERAL	T. If
	HOS	FUN	TAN
	O THE	出る	MPOF
	Pine	Pm 1	-

1842		
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	ΙE
REGISTRAR	CERTIFICATE OF DEATH REG. NO.).

	REGISTRAR		ÇE	RHFIC	CATE O	- DEA	TH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	ANTHONY		BLAC	CKWELL			2. DATE OF DEATH	4 ^{Av} 19		5:40 P
	4. SOCIAL SECURITY NUMBER 218-08-9657	5. SEX 6.	AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Ybar) June 26,	1970	6. BIRTHPI Country). Was	ACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give sti BRIDGE-RTE 70, FF		COUNTY	9	FR	OR LOCATI				COUN'	
চ	RESIDENCE OF DECEDENT										
DIRECTOR		rederick			ddleto						Od. INSIDE CITY LIMITS? YES 2XXNO
A	10e. STREET AND NUMBER				3	of. ZIP COD			10g. CITIZ		AT COUNTRY?
E	4338 Valley	v View Rd.				2	1769				U.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO		If yes,	ECENDENT (specify Cubi ES 2 NNO	nn, Mexica	NC ORIGIN? (Specify n, Puerto Ricen, etc.) y:	Yea or No	14. RACE - Black, Specify:	- American Indian, White, atc. White
	15. DECEDENT'S EDUC	CATION	16a, DEC	EDENT'S US	SUAL OCCUPA	TION		16b. KIND OF I	USINESS/IND	USTRY	
COMPLETED	(Specify only highest grade		(Giv	e kind of wor Do NOT use	rk done durina i	most of worki	ing				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	100	ale hos	r oner	otor			bankir	.~	
X	12	_	100	CK DO2	x oper	_				<u>ig</u>	
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maid	en Sumame)		
BE		Blackwell						n Lemons			1000
0	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or			
F	Karen Blackwell A	Abdinoor	4	4338	Valley	View	Rd.	, Middlet	own, N	1d.	21769
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	OF DISPOSITION	N (Name		DATE 20c.	LOCATION —	City or Tow	n, State
	1 N Burial 2 Cremation 3 Remo	oval from State	of cemetary,		d Ceme	torr		1	iddlet	OTTO	Md
	21. BIGNATURE OF FUHERAL BERVICE LIG	Ente	I ke	rorme		ANO ADORE	SS OF FA	CILITY	пааты	OWIL	Mu
	malde	Throngs	M					ompson Fut., Middl			21769
	23. PART VENTAL THE disease, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Liet only only deuse	caused the decomposition on each line.	1/	deju	node of dy		h as cardiec or re		eet,	Approximate interval Between Onset end Death
EDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (O	R AS A CONSEQ	UENCE OF):							
7	PART ii. Other significent condition	a contributing to d	eath but not re	suiting in	tha underly	ing cause	given in		AN AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
S		- 17			- 11 - KI		Aut a l		FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā								- DE YES	2 🗌 NO		OF DEATH?
Σ	<u> </u>							I			YES 2 NO
ä											
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF	DEATH (C	neck only one)			
PHYSICIAN:	TYPES 2 NO	1 Inpatient 2 I	ER/Outpatient 3		OTHER: 4 🗆 Numing H	ome 5 🗆 F	Residence	8 C Other (Specify)	UNDE	R BRI	DGE
Ŧ	27. MANNER OF DEATH	28a. DATE OF II		28b. TIME		NJURY AT		28d. DEŞCRIBE HO	W INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		04 1991	INJUI	M 1	WORK? YES 2	X _{NO}	SELF-IN	FLICTE	D SHO	TGUN WOUND
	3 Suicide 8 Could not be detarmined	28e, PLACE OF building, at						281. LOCATION (Sim City or Town, St RTE 70-	et and Number ate) FREDER		
THE STATE OF	29e. CERTIFIER		U	MDEK	BRIDGE			KIE /U-	KEDEK.	ICK C	OUNII
COMPLETED	(Check only 1 CERTIFTING PHYSI	CIAN: To the best of m R: On the besis of exa									and manner as stated.
						29c, LIC	CENSE NU	MBER	204 DAT		
	296 SIGNATURE AND TITLE OF CERTIFIE	R/ //							280. DAI	E SIGNED (Month, Day, Year)
BE	trul /2	u 1	m.	1			OCME		▶04		Month, Day, Year) 15 1991
	29 SIGNATURE AND TITLE OF CENTIFIES 30. NAME AND ADDRESS OF PERSON WH	u 1		1		DEMN		64	▶04	C	5 1991
BE	trul /2	O COMPLETED CAUSE		M 27) (Type, I		PENN		64	▶04	C	



or, 19ge 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

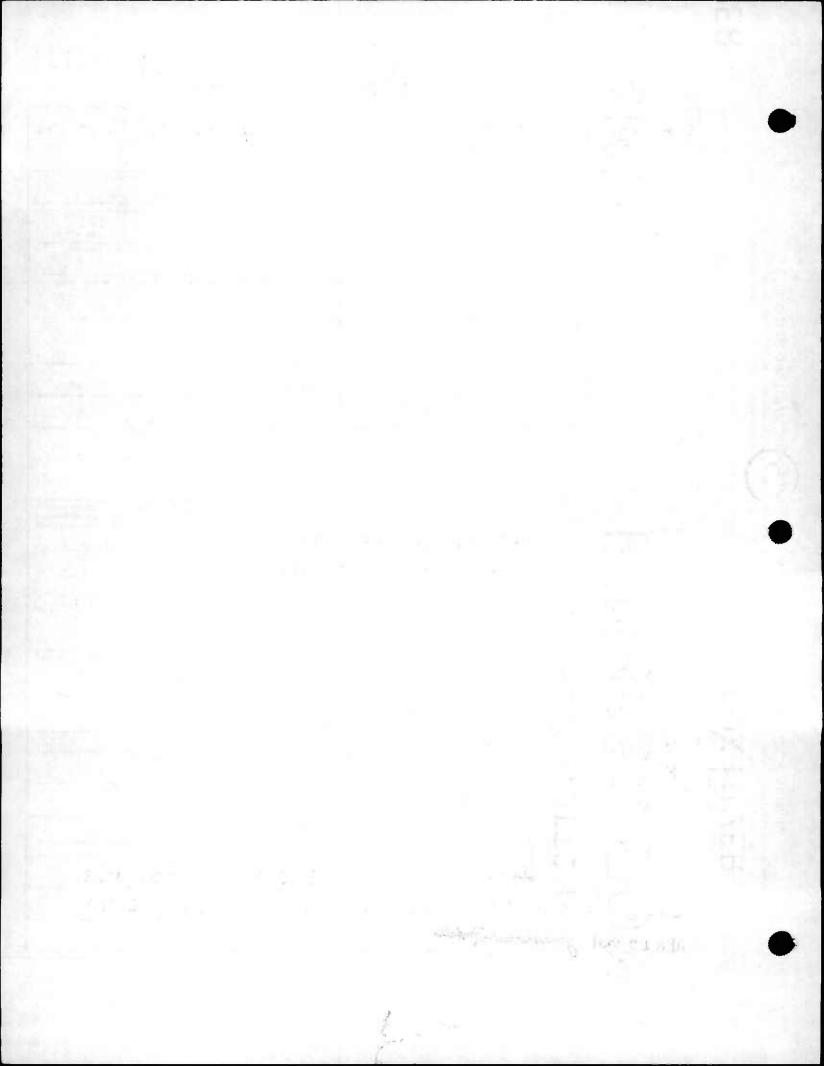
	1 _ SIAIE		MENT OF HEALTH AND			11319
- 3	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) STANLEY RALPH BIGGU.	CTANIEN	RALPH BIGGUS	2. DATE OF DEATH		ar 3. TIME OF DEATH 2/14 P. M.
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE 214-28-2414 1 1 1 5 5		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
E E	9e. FACILITY NAME (If not institution, give street and number) Find dation Mamanial HOunital		96. CITY, TOWN OR LOCATION OF E Frederick	DEATH	9c. COUNTY	***
DIRECTOR	Frederick Memorial HOspital RESIDENCE OF DECEDENT 100. STATE MD. Frederick		TOWN OR LOCATION Lerick			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL (100. STREET AND NUMBER 1191 Schaffer Drive		101. ZIP CODE 21702		10g. CITIZEN	OF WHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER FORCES? 1, , , yes if yes, give warfor Konean Con	3 2 □NO DATES	13. WAS DECENDENT OF HISP, If yes, specify Cuben, Mexic 1 YES 2 NO Specify NO Specific No. 1	can, Puerto Rican, etc.)	Yee or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use MECHANI	ork done during most of working retired.)		dealers/	
BE CON	17. FATHER'S NAME (First, Middle, Linst) Charles Edgar Rufus Biggus			Deth Viole		/
TO B	190. INFORMANT'S NAME (Type/Print) Mary Anna Biggus		NOORESS (Street and Number or Rura Schaffer Drive			
	20a_METHOD OF DISPOSITION 1	Ob. PLACE AND DATE	of DISPOSITION (Name Memorial Garde	ns 4/18/9	LOCATION - CITY	rick. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	er)	P.O. Box 181	FACILITY Stau	her Fur	reral Home
	23. PART I. Enter the diseases, or complications that causahock, or heart fellure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)	eech line.	FAILUNE	ich as cardiac Dr re	spiratory arresi	Approximate interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		D CO. P. C	>,		8.1041
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death - HYPEN IE NSI DW - DIABETES WELLTU - COLECTOMY + C	S		PEH	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 440
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpetior 2 AER/OL		28. PLACE OF DEATH (I			
ВУ РНУ	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year)	7 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HO	W INJURY OCCUI	RED
		RY — At home, farm, st becify)	reet, factory, office	281. LOCATION (Str. City or Town, St		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best entry known one) 2 MEDICAL EXAMINER On the best of the part of the period					
BE	29b. SIGNATURE AND TITLE OF CERTIFIEN	m0	29c. LICENSE N	UMBER	29d. DATE S	GIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	Print)	nenich,	mD	21701

32. REGISTRAD'S SIGNATURE

16+1 VA

31. DATE FILED (Month, Day, Year)
APR 1 6 1991

DHMH-16 Rev 1/89



3. TIME OF DEATH

2. DATE OF DEATH

as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by an incidence of the transpace of the trans

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29a, CERTIFIER

OL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

21215-0020

BALTIMORE, MARYL

BE COMPLETED BY FUNERAL DIRECTOR

2

Claude	н.		Barric	k, J	Ir.			04	12	19	91 8	:15	A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs.	lest birthday)	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE (Day, Year)	6	BIRTHPLAC	E (State or	r Foreign
216-10-0127	1 M 2 D F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		19-19	12	MD.		
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE	EATH		9c. COUNT	Y OF DEATH		
9825 Barrick	Road			Wo	odsl	oro				Fred	lerick		
10a, STATE 10b, CO				Y, TOWN							10d.	INSIDE C	YTK
	neueuck			vood.								YES 2	
9825 Barrick Ro	đ.				10	2179				10g. CITIZE	N OF WHAT	COUNTRY	r
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE		ARMED	13.	If yes, sp	ENDENT Code	n, Mexica	in, Puerto R	? (Specify Yea Ican, atc.)	or No— 1-	4. RACE — A Black, Whi Specify:	merican in Ita, etc. Whit	
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON ast of worldi	na	16b.	KIND OF BUS	SINESS/INDUS	STRY		-
Elementary/Secondary (0-12)	College (1-4 or 9	5+) G	(Give kind of life. Do NOT u ENETAL	e retired.) May	rage	r		S	. w. i	Barric	k & S	ions	Lime
17. FATHER'S NAME (First, Middle, Last Claude H. 1		n .					HER'S NA	ME (First, M	liddle, Malden aish	Surname)			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street)	and Number	r or Rural I	Route Numb	er, City or Tow	n, State, Zip C	ode)		-
C. H. Barrick.	111		9518 5	Stau	Kher	Rd	Wal	lkers	ville.	Md.	21793		
20a3METHOD OF DISPOSITION 11 Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State		tary, crematory HODE	e OF OISE	POSITION	(Name		4/15/	20c. LO	cation — ci odsbor	ty or Town, S	State	
21. SIGNATURE OF FUNERAL SERVICE	L Les	me	2	22.	stau	nd addre	ss of fa	CILITY	Home,	P.O.	Box 1	819	
23. PART I. Enter the disease ehock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due 1	net coused the nuse on each to (OR AS A COR	deeth. Do	of enter	the mo	de of dy	lng, suc	ch se cerd	lec or respi	ratory arres	st,		kimate al Betweer and Deati
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE T	O (OR AS A COM	SEQUENCE O	F):		1							
that initiated evente resulting in deeth) LAST	d.	O (OR AS A COM	ISEOUENCE O	PF):									
PART II. Other significent cond	ditions contributing	to deeth but n	ot reculting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		CON OF S	LABLE PR	DF CAUSE
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 NO	HOSPITAL:	☐ ER/Outpatier	R 3 DOA	OTHE	B:			heck only on					_
27. MANNER OF OEATH	28a, DATE I		28b. Till		28c. IN	JURY AT			CRIBE HOW	NJURY OCCL	JREO		
1 Natural 5 Pending 2 Accident Investigs	10/ 1	2 1991		45 A	1 🗆		NO NO	Self	infl	icted	gunsh	ot v	vound
3 Suicide 6 Could no	buildin	of INJURY — A g, atc. (Specify) home	it home, farm,	street, fac	ctory, offi	0		City	ATION (Street or Town, State) Barr			Number,	
	AL	Home						1204	narr	LUN I	wau		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and dua to the

29c. LICENSE NUMBER

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

29d. DATE SIGNEO (Month, Day, Year) 12

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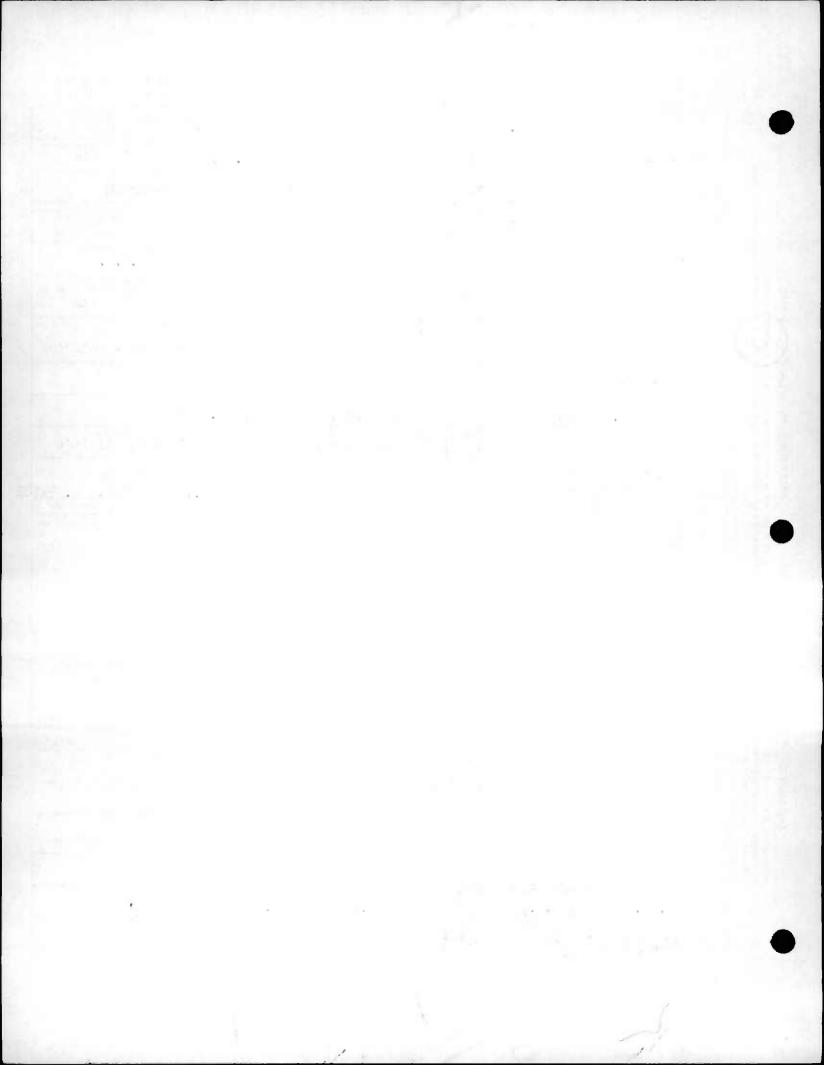
DHMH-16 Ray 1/89

74 1 - 1/4 1 - 1/4

Charles I

TO BE CO	TO BE COME TED BY BUYERAIAN. MEDICAL CEOTIER ATION
il examiner must be notified at once	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
the funeral director, page 5 should be det	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compietely filled in by the funeral director, page 5 should be detailed
er death. Page 6 may be retained by the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the

FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIFI	TMENT OF I		MENTA	REG. NO.	9	11321
1. DECEDENT'S NAME (First, Middle, Las James	o A•	BENTON			2. DATE	of DEATH	1991"	an 0834 M
4. SOCIAL SECURITY NUMBER 577-10-8129 9a. FACILITY NAME (If not institution, give	1)() M 2 🗆 F	AGE (In yrs. lest birthday) No. 1	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D.	Oct.	OF BIRTH	909 8.	BIRTHPLACE (State or Foreign County) Virginia
Frederick Memorians Residence of Decement 100. STATE Maryland 100. COUNTY	*			ederick			Fred	erick
	"Frederick	10c. CITY	r, TOWN OR LOCA		Frede	erick		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6917 Bowers Road 11. Marital Status				M. ZIP CODE 2170				U.S.A.
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Speci	an, Puerto I		or No 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EI (Specify only highest on Elementary/Secondary (0-12) 3 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of v ite. Do NOT us Carpent	vork done during m e retired.)	ION ost of working	16b	Cons		on - Building
James Richard Be	enton	Lank MAR BIO	ADDDEDO (OL.	18. MOTHER'S NA	nown			
William A. Bento	on	606 Le	e Place	, Freder	rick,	Md. 2	1702	
20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE OF DISPOS	ry Memo	orial Cem	eter,	y Mide	dlebur	or Town, State eg, Virginia
21. SHOHATURE OF FUNERAL SERVICE	C. Basko	M00021	k	Geney an	nd Ba			al Home Werick. Md. 217
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. ABA DUE TO (OF c. Alh	as a consequence of	feng is	Occlus	ion			Interval Between Onset end Deeth Selv mb
PART II. Other significant conditions of the significant condition		ath but not resulting	in the underlyi	ng cause given ir	Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS MINILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	PLACE OF DEATH (C				
25. WAS CASE REFERRENT TO MEDICAL EXAMINERY? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Natural 1 Natural 2 Natural 2 Natural 3 Nat	28s. DATE OF IN. (Month, Day,	JURY 28b. TIM	E OF 28c. IN	LJURY AT PORK? YES 2 NO		SCRIBE HOW II	NJURY OCCU	RED
3 Suicide 8 Could not 1	28e. PLACE OF II	NJURY — At home, farm, :. (Specify)	street, factory, off	ice		ATION (Street a or Town, State)	and Number or	Rural Route Number,
Tondon day	YSICIAN: To the best of my							cause(s) and manner as stated.
296. SIGNATURE AND THITLE OF CENTR	rep. n	n		29c. LICENSE NU	MBER 9063		29d. DATE S	HIGNED (Month, Day, Year)
Dr. A. Majeed, 31. DATE FILED (Month, Day, Venr)		Toll House		Frederic	k, Ma	ryland	2170	L
APR 2 2 1991	July Davidson	Pande 12						DHMH-15 Rev 1/8



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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 2- , rours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimental formation, or removal. The fleet within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If term 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner in
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	- STATE REGISTRAR	SINIE OF I	C	ERTIF					WEN IAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH	NA .	YEAR	3. TIME O	F OEATH	
i	Mildred Vi	rginia	BROOKS						Apr:	17,	1991		7:10	MA (M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	ast birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH Day, Year)		6. BIRTH	IPLACE (Sta	te or Foreign	7
	214-10-2936	1 - M 2 15 1/E	82	YRS.	MONTHS	DAYS	HOURS	MIN.		. 22,	1909		rylar	nd	
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	TOWN O	R LOCATI	ON OF OR				NTY OF C			
DIRECTOR	Citizens Nursi	ng Home			Frederick Frederick										
낊	10a. STATE 10b. COUNTY	1		10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?				
듬	Maryland Fre	derick		Frederick									2 NO		
	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN O			IZEN OF	WHAT COUN	TRY?			
FUNERAL	1421 Taney Aven	ue. Apt.	621	21702					ι	I.S.A					
2	ti. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A							(Specify Yes	or No	14. RAC	E — Americo	en Indien,	
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES									Black, White, etc. Specify: White					
COMPLETED	15. OECEOENT'S EDU	CATION		ECEDENT'S					16b.	KIND OF BU	SINESS/IN	DUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of le. Do NOT u	se retired.)	aunng mo	St of Worki	ng							
ᆲ	9			Se	amst	ress	3			Ta:	ilori	ing (Compai	ny	
ō	17. FATHER'S NAME (First, Middle, Lest)				_		18. MOT	HER'S NA	ME (First, M	iddle, Malden	Surname)				
0	George Washingt	on Hamil	ton					De	11a	May S	tone				
BE	19a, INFORMANT'S NAME (Type/Print)			9b. MAILIN	G AODRESS	S (Street a	nd Numbe			er, City or Tow		p Code)			
2	Mrs. Sandra Sos			7149	Pool	e Jo	nes	Rd.	Fre	deric	k. Ma	ryl:	and 2	1702	
	20a METHOD OF DISPOSITION 2 ABuriel 2 Cremation 3 Rem		20b. PLAC	E OF DISPO						- v	CATION -				
	MABuriel 2 ☐ Cremation 3 ☐ Rem	oval trom State	Mo	unt ()live	t Ce	mete	rv		Fr	ederi	ck.	Md.	21701	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		22.	NAME AL	ND ADDRE	SS OF FA	CILITY						
	▶ Richard E.	Tha	/ 14	10025						rd P.					16
	23. PART I. Enter the diseases, or ahock, or heart failure.												App	roximete	reen
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	· Coro	nary	a	ter	4	de	· ea	20	,				set and D	eeth
	Trouting in dooring	DUE TO	O (OR AS A CONS	EOUENCE	OF):		0	^		<u></u>	_	Seve	re "	0	
z	a. Coronary artery disease Jyear														
임	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONS	EOUENCE	OF):					-			1		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	с													
	that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	EQUENCE (OF):										
H .	resulting in death) LAST	d		_											
	PART II. Other significant condition	na contributing t	o death but no	t resulting	in the u	ndertyln	g ceuse	given in	Part I.	24a, WAS AI	N AUTOPSY	24	b. WERE AUT	TOPSY FIND	NGS
DICAL	Cont	_								PERFO				E PRIOR TO ION OF CAU	
	10								-	1 TYES	2 NO		OF DEATH		
Σ	Hypertersi												1 YES	2 X NO	
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHE	R:		and the form	heck only on						
YS	1 TYES 2 NO		☐ ER/Outpatient		4. Nu	rsing Hon		tesidence	6 Other		101 11 1001 0	0011050			
F	27. MANNER OF OEATH 1 Netural 5 Pending	26a. DATE C (Month,	Day, Year)	285. 11	ME OF NJURY	W	JURY AT		28d. 0ES	CRIBE HOW	INJUNY O	CCUMED			
ВҮ	2 Accident Investigation						YES 2	□ NO							_
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE building	OF INJURY At g, etc. (Specify)	home, ferm	, street, fac	ctory, offic	CO .		281. LOC.	ATION (Street or Town, State	and Numb	er or Rum	Floute Numb	967,	
Ë	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best	of my knowledge	death occur	rred at the	time det	end plac	e end du	e to the car	se(e) end m	enner es si	tated.			
¥	(Check only one) 2 MEDICAL EXAMIN												e(e) and man	ner sa stat	ed.
္ပ															
BE	296. SIGNATURE AND TITALE OF CERTIFIE	The state of the s					29c. LI	CENSE NU	JMBER 1		29d. DA	TE SIGNE	(Month, D	ay, Year)	
70	Dara Stult	selor	w c				D	36	10			7 -	8 -	11	_
-	30. NAME AND ADDRESS OF PERSON W														
	Dr. Sarah Hults	sch-Smit	h MD 91	L5 To	11 Hc	ouse	Ave	., F	reder	ick,	Md.	2170	1		
	31. DATE FILED (Month, Day, Year)	July Davids	AN ACTION	Q.											
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFICA	ATE OF	DEATH	RI	EG. NO.					
	1, DECEDENT'S NAME (First, Middle, Lust) VIOLA BAKER	1			2. DATE OF D	DEATH DAY	1991	3. TIME OF DEATH			
		yrs. Inst birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		6. BIRTI	IPLACE (State or Foreign			
	220-32-3659 1∃M2 XF 97	YRS.	THS DAYS	HOURS MIN.		/1897	Count)			
OR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH H. WILSON HEALTH CARE CENTER (A) THERSBURG MONTG										
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
DIRECTOR	MD Montgomery	Gai	thers				LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 201 Russell Avenue		10	20877		10g.	U.S.	WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RAC 15 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RAC 15 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RAC 15 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RAC 15 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 15 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 15 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC OR HISPANIC ORIGIN? (Specify Yea or No— 16 WAS DECENDENT OR HISPANIC					- 14. RACI Blac Spec Whi				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USU	IAL OCCUPATI	ON	16b. KIN	D OF BUSINESS					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5+)	(Give kind of work life. Do NOT use rel	tired.)	-							
W	17. FATHER'S NAME (First, Middle, Last)	store	Keepe	18. MOTHER'S NA	MF (First Middle	e Meiden Surnar	ne)				
BE C	Howard H. Logue			Mary			,				
TO B	19a. INFORMANT'S NAME (Type/Print)			and Number or Rural F	Route Number, C	City or Town, Stat					
F	Mr. Howard Myers			Rd., Sm	allwo						
	1 A Burial 2 Cremation 3 Removal from State	PLACE OF DISPOSITION OTHER PIECE)				20c. LOCATIO					
	4 Donation 5 Other (Specify)	Deer Par	k Cen	etery	OH ITY	West	minst	er, Md			
			Prit	ND ADDRESS OF FA	ral H	lome &	Char	el			
	Robert K. Pritts, Sr.	1	412	Washing	ton R	ld., W	estmi	nster, MD			
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on ear IMMEDIATE CAUSE (Final		enter the me	oda of dying, auc	h aa cardiac	or reapirator	arrest,	Approximate Interval Between Onset and Daath			
	disease or condition resulting in death) a. Puclon Bulle TO (OR AS A)	sphritis	5					Iwk			
7	and to fort we will	consequence or j.									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):									
FIC	CAUSE (Disease or Injury C.	CONSEQUENCE OF):									
F	resulting in death) LAST										
	PART II. Other algorificant conditions contributing to death bu	t not resulting in t	he underlyir	g cause given in	Part I 24s	. WAS AN AUTO	PSV 241	. WERE AUTOPSY FINDINGS			
EDICAL	Probable embola cliseas				4	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MED	actory obstruction,	Cerebra	11 00		<12515	TES 2	"	OF DEATH?			
ä								^			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	Q	26. F	LACE OF DEATH (Ch	eck only one)						
ΗXS	1 ☐ YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpe 27. MANNER OF DEATH 28e. DATE OF INJURY	tient 3 DOA 4	_	ne 5 Rasidence		ecify) BE HOW INJUR	COCCURED				
	1 Natural 5 Pending (Month, Day, Year)	INJUR	/ W	ORK? YES 2 NO	200. 02301	DE HOW INSON	COOUNED				
D BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Speci		et, factory, offi	CO		N (Street and Nu	imber or Rural	Route Number,			
ETE	4 Homicide determined				Oily or is	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge of the best of the best of the best of axamination one) 2 MEDICAL EXAMINER: On the basis of axamination							e) and menner se stated.			
ЕСС	290. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d	DATE SIGNE	D (Month, Day, Year)			
00	dra (M)	25	MD	072	31	•	4-1	2-91			
TO.	CAMES R. M. DOCE . 16.20	TH (ITEM 27) Type, Pri	nes A	ve Gn	thece	burz	md	.20877			
	31. DATE THE BURNEY DESCRIPTION OF THE SAME DEVICES	Manda Manda									
1	//VI I 7 7 1										

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physician.	ely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pay
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	in 25 nours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burfal, cremation, or removal.

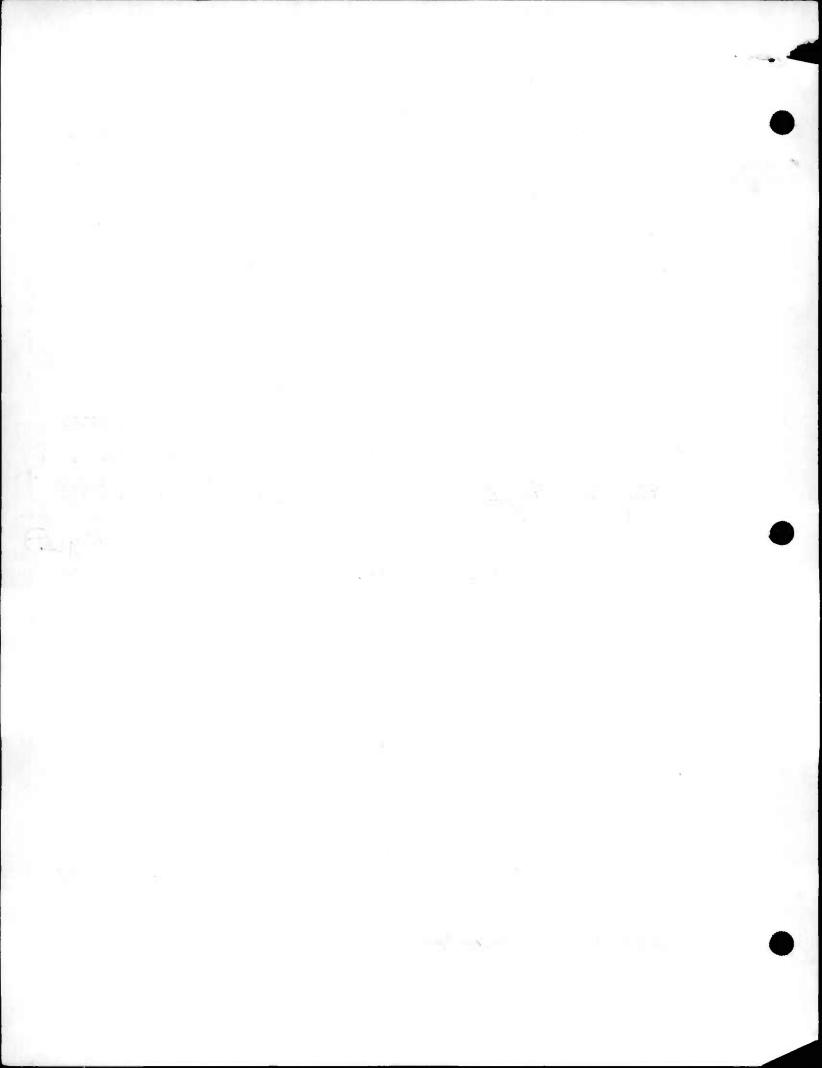
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

> 31. DATE FILED (Month, Day, Year) 17'91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_ •	1 - STATE REGISTRAR			CERTIF	CATE OF	DEATH	REG. NO.		
į	1. DECEOENT'S NAME (First, Middle, L	ast)	-				2. DATE OF DEATH		3. TIME OF OEATH
Ì	Earle M.	Blankn	er				April 16		7 000
N.	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	18.1	BIRTHPLACE (State or Foreign Country)
ì	212 30 5282	1√1×1 M 2 □	F 88	g yrs.	MONTHS DAYS	HOURS MIH.	7/24/02		Marvland
ŀ	9e. FACILITY NAME (If not institution, g				9b. CITY, TOWN (R LOCATION OF DE		9c. COUNTY	
	Carrol	l Luther	n Wil	1200	Moss	tminste	~		- ww - 1 1
	Carrol RESIDENCE OF DECEDEN		II ATT				<u></u>		arroll
ļ	Md . Ca	arroll			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		<u></u>			Westmi:	nster			1 YES 2 X NO
ŀ	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
I	205 St. Ma	ark Way				21	157	US	A
ı	11. MARITAL STATUS	12. WAS DECE	DENT EVER IN U	J.S. ARMED		ENDENT OF HISPANI ecity Cuben, Mexicen	C ORIGIN? (Specify Yea	or No- 14.	RACE American Indian, Black, White, etc.
İ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIV	E WAR OR OAT	XX		2 NO Specify:		J.,	Specify:
I									nite
I	15. DECEOENT'S (Specify only highest of	grade completed)	1	(Give kind of v	USUAL OCCUPATION Work done during months retired.)	DN: st of working	16b. KINO OF BUS	SINESS/INDUST	RY
	Elementary/Secondary (0-12)	College (1-4 o							
			==	Bulla	ing co	ntracto		lding	
	17. FATHER'S NAME (First, Middle, Last	*					AE (First, Middle, Maiden	Surname)	
I	Frank H.	втапки	er				by Webb		
I	19a. INFORMANT'S NAME (Type/Print)		,				loute Number, City or Tow		
ŀ	Pauline Dri	lver Bla							Md. 21157
	20a. METHOD OF DISPOSITION	Removal from State	20b. F	PLACE OF OISPOS other place)	SITION (Name of cer	metery, crematory or	20c. LO	CATION — City	or Town, State
Į,	4 Donation 5 Other (Specify)			Timbe	ryille	Cemeter	ry Ti	mberv:	ille, Va.
I	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22. NAME AI			L	1 17
I	Harry W.	. Hain	1		D 0	D 105	Sykesyi	nt Fui	neral Home Md. 21784
-61									
	23. PART I. Enter/Ina diseases,	or complications	that caused t	the deeth. Do r	not enter the mo				Approximate
	shock, or heart fall	or complications ure. List only one	that caused to	the deeth. Do r th line.	not enter the mo				Approximate Interval Between
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	shock, or heart fall	ure. List only the	ceuse on eed	the deeth. Do reth line.	in				Approximate Interval Between
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	shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. DUE	TO (OR AS A	th line.	in The				Approximate Interval Between
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32. REGISTRAR'S SIGNATURE
Suria Savianon-Randale

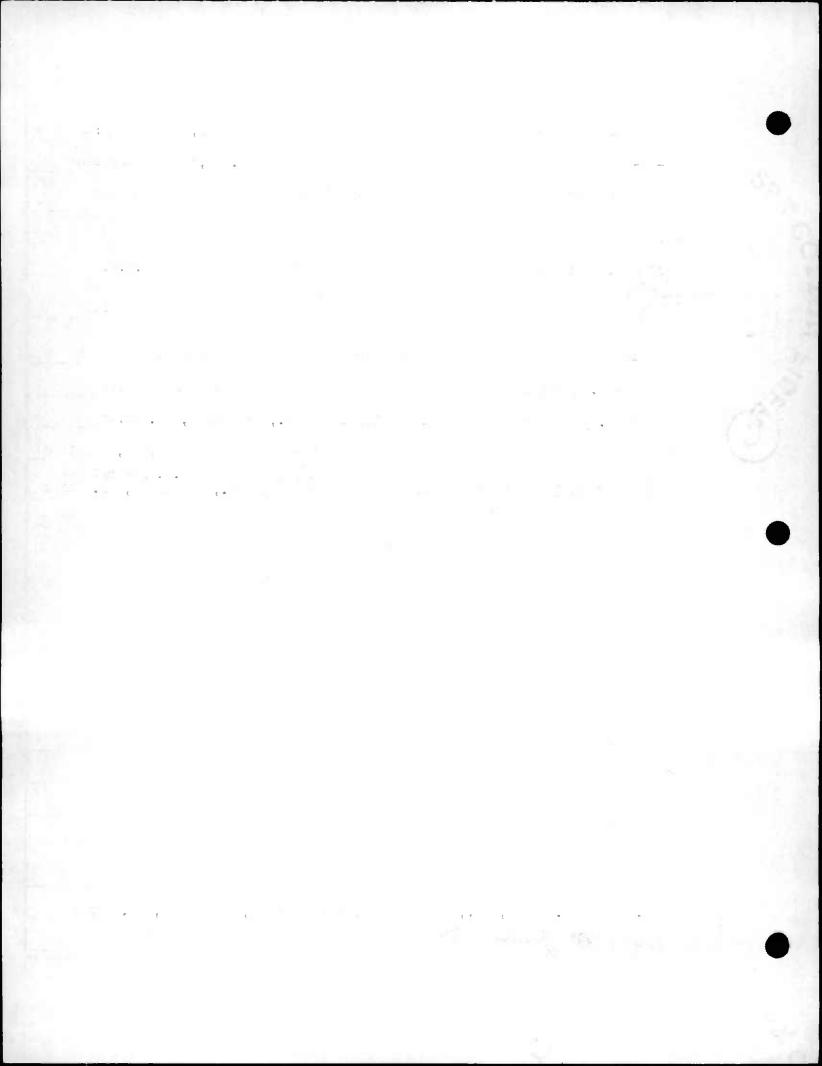


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Pref. 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral the filed within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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equires	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the filed within 22 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, c	hows
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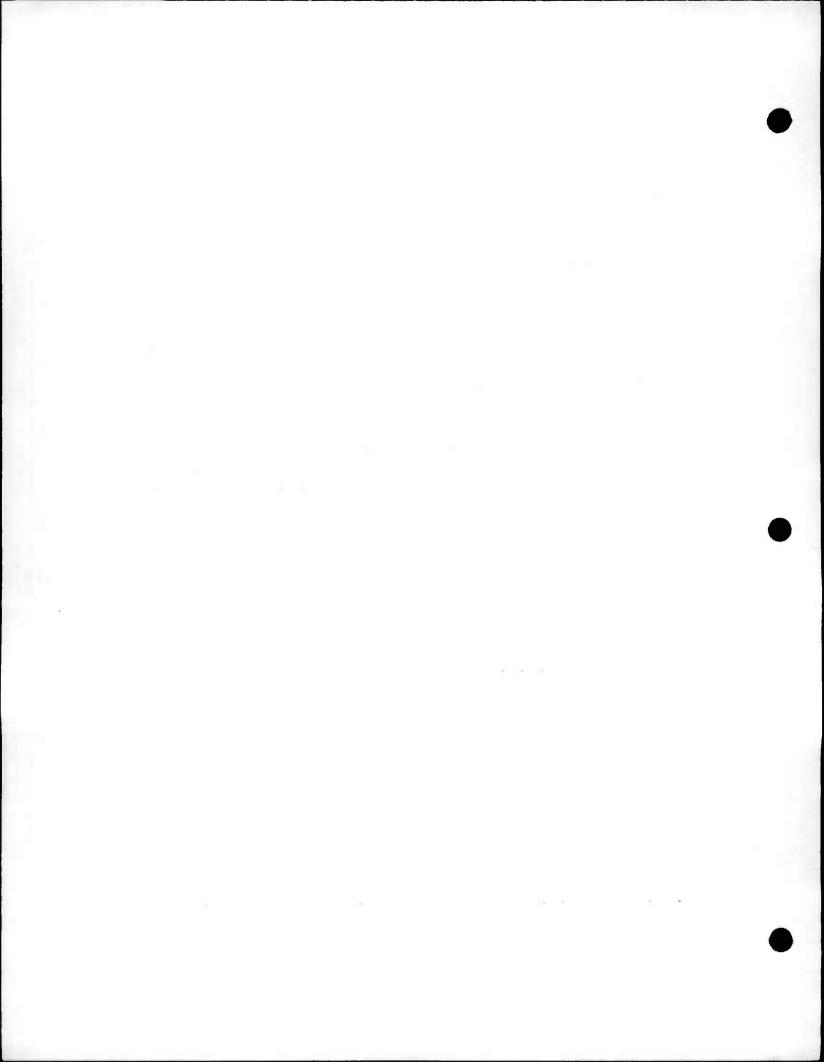
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	1. DECEDENT'S NAME (First, Middle, Last)	MONTH DAY YEAR										3. TIME OF DEATH	
										-	199.		3:45 AM M
	4. SOCIAL SECURITY NUMBER 212-16-5698	5. SEX	6. AGE (In yrs. 81	last birthday) YRS.	MONTHS.	DAYS		24 HRS.	7. DATE OF BIF (Month, Dey, Aug • 2	1TH (9 . 19	09	Count	HPLACE (State or Foreign try) aryland
- 8	9a. FACILITY NAME (if not institution, give st	treet and number)			9b. CIT	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
Œ.	Meridian Nursi	ng Cente	r		Frederick Frederick					rick			
DIRECTOR	RESIDENCE OF DECEDENT												
Ä	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
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FUNERAL	10a. STREET AND NUMBER					. 1	iof, ZIP COD	_			10g. CIT		WHAT COUNTRY?
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	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED FORCES?	T EVER IN U.S.	ARMED	13				HC ORIGIN? (Spe n, Puerto Ricen,		or No	Blac	E — American Indian, ck, White, atc.
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M	11			Acc	bunt	ing	1					rre	delick
	17. FATHER'S NAME (First, Middle, Last)	tona fora es					18. MOT	HER'S NA	ME (First, Middle,		,	a Di	
BE	John F. Shoe		19b. MAILING ADDRESS (Street and Number or Rura							e Bi	ser		
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	Richard T. Brand		20h BI A						Freder				
	20a METHOD OF DISPOSITION 1.6 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	othe	r place)							•	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE J	1		2:	2. NAME	AND ADDRE	SS OF FA	CILITY d Basfo	rd I	Α. ς	Eun	eral Home
	* Richard E	. Dro	/ MOO	MO0255 106 East Church St., Fre									
	23. PART I. Enter the diseasea, or complications the caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart fellure. List only one charge on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Concestive heart fall with an each line. OUR TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other aignificant condition	na contributing to	o death but n	ot resulting	In the	underly	Ing ceuse	given in	Part I. 24a.		AUTOPSY	24	Ib. WERE AUTOPSY FINDINGS
: MEDICAL						· -	1 [YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			_		28.	PLACE OF	DEATH (C/	neck only one)				
SIC	EXAMINER?	HOSPITAL:	FR/Outpatien	3 [] DOA	QTH.	ER:		-	6 Other (Soc	noith ()			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE C		28b. Til	$\bot \Delta$	28c.	INJURY AT WORK?		26d. DESCRIB	- "	NJURY O	CCURED	
FED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		OF INJURY A	t home, ferm,	M 1 YES 2 NO , street, fectory, office 28f. LOCATION (Street and Number or Rural Richty or Town, State)				il Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI												e(a) and manner as stated.
В	296. SIGNATURE AND TITLE OF CERTIFIE	R,	. 1				29c. LI	CENSE NU	MBER		29d. D/	TE SIGNE	ED (Month, Day, Year)
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	31. DATE FILED (Month, Day, Year)	a 32. REGISTI	LAR'S SICHATUR	E on	Hes	2 6 1/4	A11 6 11	DULE	CU, ITC	CL	TOR,	PIU	MAINT
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DITHE HOSPITAL OR ALLENDING PHYSICIAN. THE IAM TEQUIES DISCLORUM CERTIFICATE DE EXECUTED WITHIN STANDING ALLE DESAMINE TO BE OF THE DESAMINED BY UN	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di	fle	upporant: it ham so is marked or Ham 23 shows any injury or other trainmatic event the medical examiner must be notified at o
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	1 - FOR STATE REGISTRAR	OTATE OF MIA			F HEALTH AND OF DEATH	REG. NO		1 1 328
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AV VI	3. TIME OF OEATH
	Orpha ETTA		YER	-		4 2	1 9	1 8:26 A.
	010 10 0010	5. SEX 8. 1	AGE (In yrs. last birthday, 87 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) April 23,	1002	BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give stree	7.1	0/ 110.	9h CITY TOV	WN OR LOCATION OF D		9c. COUNTY	
8	Ravenwood Luthera		2		erstown	LOITI		hington
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		ine Ci	TY, TOWN OR LO	OCATION		<u> </u>	10d, INSIDE CITY
		ington	1.55.	Hagers				LIMITS?
	10e. STREET AND NUMBER	0 -			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	1305 Old Colony L	ane			21740		U.	.S.A.
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2 NO	It yes	OECENOENT OF HISPA I, specify Cuban, Mexic YES 2 NO Speci		n or No- 14	RACE — American Indian, Black, White, etc. Specify: White
	15, DECEOENT'S EDUCAT		18a. DECEDENT	S USUAL OCCUP	PATION	18b. KIND OF BU	SINESS/INDUS	
ETED	(Specify only highest grade co	College (1-4 or 5 +)	Iffe. Do NOT	f work done during use ratired.)	g most of working			
COMPL	4		C1	erk		Departme		ore
	17. FATHER'S NAME (First, Middle, Last) Clifton Urne	r Boy	702			AME (First, Middle, Malden Leveni:		Hays
BE	19a. INFORMANT'S NAME (Type/Print)	т воу		IG AODRESS (Str	Mary Mary	Route Number, City or Tox		
2	Hazel B. Lohman					Hagerstown		
	20a. METHOD OF DISPOSITION 1 \[\backslash \text{Neurisi 2} \subseteq Cremation 3 \subseteq Remove 4 \subseteq Donation 5 \subseteq Other (Specify)	al from State	20b. PLACE OF OISP	OSITION (Name of	of cemetery, crematory or	20c, LC	CATION — CIN	y or Town, State g, Wash.,Md.
	21 SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	-	22. NAM	E ANO AOORESS OF F	ACILITY		
	. R. hael	Brad	4			ffman Funer		me, inc. wn, Md. 2174(
	23. PART i. Enter the diseases, or cor	mplications the	sused the death. Do					
	ahock, or heart fallure. Lis iMMEDIATE CAUSE (Final disease or condition		on each line.				come • Halvilli	t, Approximate interval Betwee Onset end Dea
	ahock, or heart fallure. List iMMEDIATE CAUSE (Final	at only one cause	on each line.	te re		y Failur	come • Halvilli	interval Betwe
Z	ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) a.	at only one cause	ACU	ite re	spirator	y Failure	9	interval Betwee
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other algnificent conditions PIN CUMONI CIS; 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 24 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OF DUE TO (OF	ACU R AS A CONSEQUENCE ACU R AS A CONSEQUENCE A SC R AS A CONSEQUENCE Ooth but not resulting R/Outpetient 3 □ DOA JURY Vear) Vear) NJURY — At home, tarm	of: of: of: of: of: of: of: of:	Spirator ngestive lying ceuse given in ta PLACE OF OEATH (C) Home 5 Residence : INJURY AT	y Failure heart fs heart fs n Part I. 24a. WAS APPENPO 1 YES theck only one) 8 Other (Specify)	NAUTOPSY RMED? 2 NO INJURY OCCUI	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other algnificent conditions PREVIOUS NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF DUE TO (OF	AC UR AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE R AS A CONSEQUENCE When the consequence of the conseq	OF): OF): OF): OF): OF): OTHER: 4 ANNURING IME OF NJURY M 1, street, fectory,	Spirator ngestive lying ceuse given in a. PLACE OF OEATH (C) Home 5 Residence .: INJURY AT WORK? YES 2 NO office	Part I. 24a. WAS APPERFO 1 YES : theck only one) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State te to the cause(a) and make the cause(a) and	N AUTOPSY RMED? 2 NO INJURY OCCUR and Number or	Interval Betwee Onset and Detail Onset a
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other algnificent conditions PREVIOUS NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF DUE TO (OF	AC UR AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE R AS A CONSEQUENCE When the consequence of the conseq	OF): OF): OF): OF): OF): OTHER: 4 ANNURING IME OF NJURY M 1, street, fectory,	Spirator ngestive lying ceuse given in a. PLACE OF OEATH (C) Home 5 Residence .: INJURY AT WORK? YES 2 NO office	Pailure heart fs heart fs n Part I. 24a. WAS AI PERFO 1 YES check only one) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State te to the cause(a) and ma	NAUTOPSY RMED? 2 K NO INJURY OCCUI and Number or inner as stated, and due to the o	Interval Betwee Onset and Detail Conset and Detail Conset and Detail Conset and Detail Conset and Detail Conset and Detail Conset and Detail Conset and Detail Conset and Detail Conset and Detail Conset and Detail Conset
PHYSICIAN: MEDICAL	ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other algnificent conditions PIR CUMONI 618 9 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF DUE TO (OF	AC UR AS A CONSEQUENCE AC UR AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE Poeth but not resulting R/Outpatient 3 DOA JURY Year) A thome, tarm C. (Specify)	OF): OF):	Spirator Ingestive Itying ceuse given in Ita PLACE OF OEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office dete and place, and du on, death occured at th	Part I. 24a. WAS APPERFO 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(a) and make time, date and place, a JMBER	NAUTOPSY RMED? 2 NO INJURY OCCUR and Number or inner as stated. due to the company of the c	Interval Betwee Onset end Detail Conset end Deta



TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2-1-10urs after death. Page 6 may be retained by the hospital or attending physician.

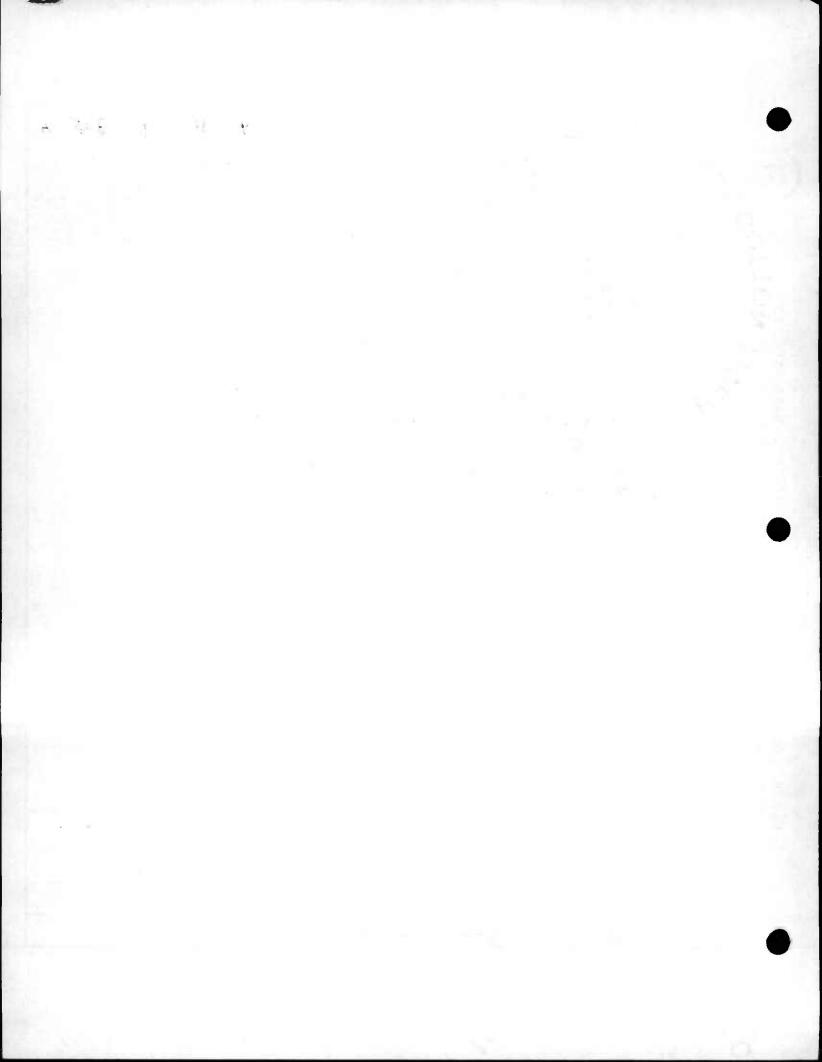
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.

be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

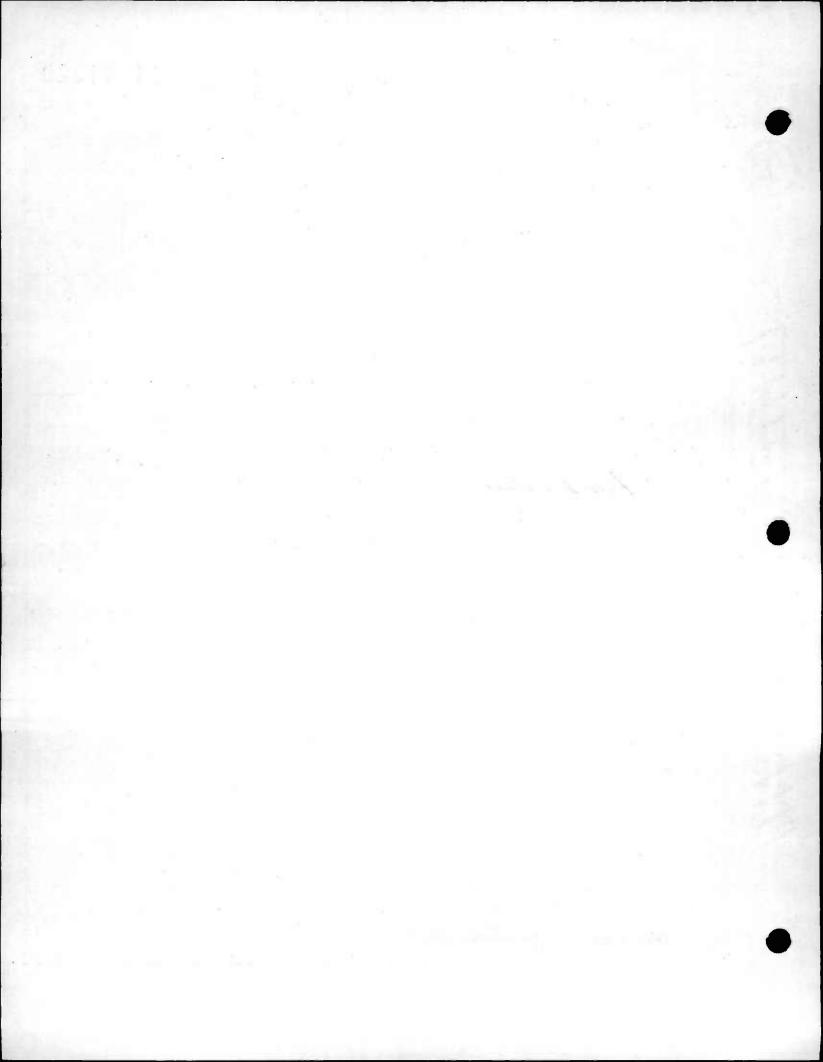
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	OF	DEATH	RE	G. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	DAY	,	YEAR	3. TIME OF DEATH
	Gertie May Bishop						4	18		91	9:8,5 AH
	4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AGE (In	yrs. last birthday)	IF UNDER 1	_	IF UNDER 24 HRS.	7. DATE OF BIF	TH Year)		Count	IPLACE (State or Foreign
	212-38-9581	M 2 🛛 F 77	YRS.	MONTHS	DAYS	HOURS MIN.	Sept. 1	,191	3	Mari	jland
	9e. FACILITY NAME (If not institution, give street a	and number)		9b. CITY, T	OWN OF	LOCATION OF DE	ATH		9c. COUN	ITY OF D	EATH
8	Washington County H	ospital		Hage	rst	own			Was	hing	iton
5	RESIDENCE OF DECEDENT										
R	10s. STATE 10b. COUNTY		100	Y, TOWN OR		ON					10d. INSIDE CITY LIMITS?
٥	Maryland Washin	gton	Smi	thsbu							1 TES 2 NO
M	10e. STREET AND NUMBER				101.	ZIP COOE					WHAT COUNTRY?
	Rt. 3 Box 148					2178	3		<u>us</u>	<u> </u>	
FUNERAL DIRECTOR		WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO			ENDENT OF HISPAN city Cuben, Mexica			or No-	14. RAC	E — Americen Indien, k, While, etc.
BY		IF YES, GIVE WAR OR DAT	ES			2 X NO Specify			- 1	Spec	"y: White
				-					1		WILCLE
COMPLETED	15. DECEDENT'S EOUCATIO (Specify only highest grade comp		(Give kind of	work done du	ring mos		16b, KINO	OF BUS	INESS/IND	USTRY	
"	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	Home	maker			Hoi	ne			- 1
M			······································						_		
	17. FATHER'S NAME (First, Middle, Last)				- [18. MOTHER'S NA					
B	Franklin W. Ridenou	л					ih E. K				
<u>و</u>	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural F				Code)	
	Frances V. Sweigert					Hagersto		217			
	20a. METHOD OF DISPOSITION Suriel 2 Cremetion 3 Removal	from State 20b. I	PLACE OF DISPO other place)	SITION (Nam	a of cem	netery, cremetory or					own, State
	4 Donation_5 Other (Specify)	5	meths bu	rg Ce	met	ery		Smi	<u>ths b</u>	wrg,	MU
	21. SIGNATURE OF AUNERAL SERVICE LICENS		•			Funeral					
- V	6 Jennes Z	Vav	ملا			Box 78		hura	MD	217	183
	23. PART I. Enter the diseases, or comp	plicetione that ceused i	tha deeth. Do								Approximate
	ehock, or heart failure. Liet		A /				3				Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	M	1.4 10	- Sooks		col.	1-2- 10	4	+ 1	D.	lote 3wks
	resulting in death) a	PUE TO COR AS A C	CONSEQUENCE O	misprie	410	Cereshol	ascular	an	i oue	Thur	JUKE DWKS
_		14 -1	Y.	1		landiséan	1.6	Car	stil	neel	(12/05)
O	Sequentielly list conditions, b	DUE TO (OR AS A	CONSEQUENCE O	NOIDVO	Scal	an aiseas	2,-01		01111	000	031010
AT	If eny, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):							
E	resulting in death) LAST										
빙											
AL	PART II. Other eignificent conditions co	4 1 4 3				1	Part i. 24a.	WAS AN PERFOR	AUTOPSY MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL		intestinal he	montage	, With	h j	resistent	1 [YES 2	NO		COMPLETION OF CAUSE OF DEATH?
	Co	agularathus	0								1 YES 2 NO
W .:						· · · · · · · · · · · · · · · · · · ·					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OEATH (Ch	eck only one)				
Sic	EXAMINER?	OSPITAL: Inpetient 2 - ER/Outpa	tient 3 DOA	OTHER		e 5 Residence	6 Other (Soc	ecify)			
H	27. MANNER OF OEATH	28e. OATE OF INJURY	28b. T#	ME OF	28c. INJI	URY AT	28d. OESCRIB		NJURY OC	CUREO	
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY		PRK?					•
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- Al home, farm,	street, facto	ry, office	•	281. LOCATION	N (Street &	and Numbe	r or Rurai	Route Number,
	4 Homicide determined	building, etc. (Specif	y)				City or Tox	vn, State)			
COMPLETED	29a, CERTIFIER										
MP	(Check only	n the basic of my knowle									(a) and manner or stated
8		THE DESIGN OF EXEMPLEATION	onwor investigati	on, m my op	milon, u	Nati occured at me	Title, bate end	prince, er	IU 000 10 1	THE COURS	(e) one mainer as eased.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	4-				29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
TO B	1 de / Sugles	MD			-	2657	7		P 4	18/1	191
Firm.	30. NAME AND ADDRESS OF PERSON WHO CO	14-	TH (ITEM 27) (Typ	e, Print)	1	/ 1,			/	_	1- 2-
	K.L. Kugler MD	100 Gee	ting Lan	e t	Tre	Ausville	mo	eny la	urd	2	1756
	31. DATE FILED (Month, Way, Year)	32. REGISTRAR'S SIGNA	widson-R	indo 00)	/			
	NPR (C 3 I	7 2000	an tabass and	- for other party							



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an entered and within 72 hours after death with the State Dent of Health and Mental Hotelee prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	Middle, Last)			CERTIF	ICATI	UF	DEA	i n		OF DEATH	.,		3. TIME OF OEATH
	HARRY K	AUFFMA	N BITNER							Apri		AY 1	991	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
	705-10-662		1 🔀 M 2 🗆 F	92	YRS.	111111111111111111111111111111111111111				DEC 26, 1898 Pennsylvan				
œ	90. FACILITY NAME (If not in		treet and number)					rsto		EATH		100	ehi	ngton
유	RESIDENCE OF DEC						nage	1300	WII				asiii	ing con
DIRECTOR	10a. STATE		10c. CIT	Y, TOWN C								10d. INSIDE CITY LIMITS?		
	MD 10e. STREET AND NUMBER	wash	ington			на		town				,		1 YES 2 NO
FUNERAL	101 Surrey Ave.						101	i. zip cod	1740			10g. CIT	USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 S Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. YES 2 WAR OR DATES	NO		If yes, sp		en, Mexica	in, Puerto	17 (Specify Ye Rican, atc.)	s or No—	Black	E — American Indian, k, White, atc.
윤		EDENT'S EDU			DECEDENT'S	work done :	CCUPATIO	ON pat of words	na .	160	KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	Ille. Do NOT u	ise retired.)			9		D - 43			
COMPLETED	17. FATHER'S NAME (First, M	(det = 1 = -4)			ма	chin	ıst					road		
	Jacob A. B	7.1									Middle, Maider beth (m	
) BE	19a. INFORMANT'S NAME (ype/Print)			19b. MAILING	G ADDRESS	S (Street a	nd Numbe	r or Rural	Route Nun	ber, City or Tox	rn, State, Zi	p Code)	
٤	Joseph	E. Bit	ner		Route	12,	Box1	L47,	Hage	erst	wn, M	1.217	40	1.57_
	20a. METHOD OF OISPOSIT 1 XBurial 2 ☐ Cromatic	n 3 🗌 Rem	oval from State	20b. PLAC	CE OF DISPO	SITION (Na	ame of cer	metery, cre	matory or			CATION -		
	4 Donation 5 Other		ENGEE	Res	t Hav	aven Cemetery Hagersto					-			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd., Hagerstown, Md 21740													
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	deeth. Do line.					h aa cer	diec or reep	iratory er	rest,	Approximete intervel Between Onset and Deati			
_				(OR AS A COR.	SEQUENCE U	rej: Ar	3 CN	2						ans .
ATIO	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	b. DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injuthet initieted events resulting in death) LAS	7	DUE TO (OR AS A CONSEQUENCE OF):											
B		-	d											
MEDICAL	PART II. Other eignifice		e contributing to	deeth but no	t resulting	in the ur	nderlyin	g cause	given in	Part I.	24a. WAS AI PERFO 1 TYES	RMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
														1 TYES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					00 00	100 00 1	DEATH OF					
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	FR/Outpetlent	3 / DOA	OTHE	R:	1.1	/	eck only o				
H	27. MANNER OF DEATH		26a. DATE OF	INJURY	26b. TIA	AE OF	26c. IN.	JURY AT	esidence	_	F (Specify) SCRIBE HOW	INJURY OC	CURED	
ВУ Р		Pending Investigation	(Month, E	Pay, Tear)	IN.	JURY M		YES 2	NO NO					
a	3 Suicide 6	Could not be determined	28e. PLACE (building	OF INJURY — AI etc. (Specify)	home, ferm,	street, fact	tory, offic	10			CATION (Street or Town, State		or Rural i	Route Number,
COMPLET			CIAN: To the best of											a) and manner as stated.
Ö	29b. SIGNATURE AND TITLE	OF CERTIFIE							ENSE NU					(Month, Day, Year)
TO B								D (800	9		> L	1.22	170
F	30. NAME AND ADDRESS O										5~, ^			



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CENTIFIER

'91

John We 31, DATE FILED (Mg/lth, Day) APR 17 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D.

32. REGISTRAR'S SIGNATURE
Friha Davidson-Randson

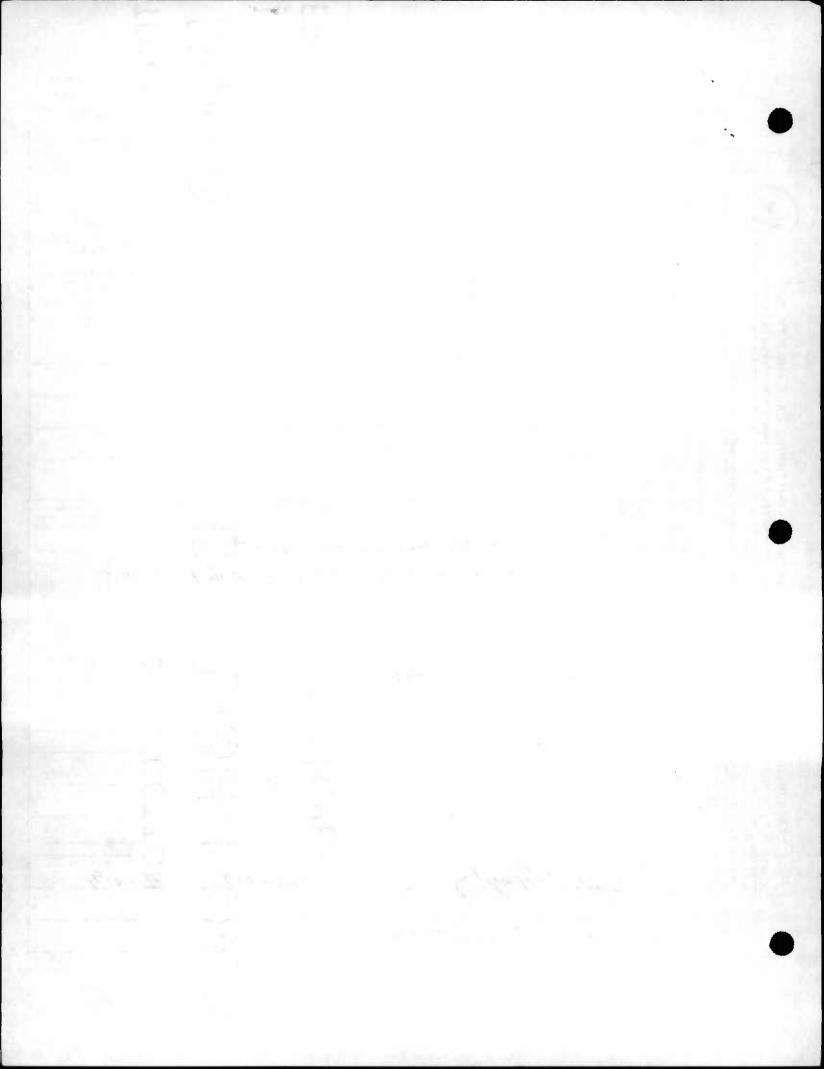
1 - STATE REGISTRAR		STATE OF MA		DEPARTMENT STATEMENT OF THE PROPERTY OF THE PR				HYGIENE REG. NO.	2		11329
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF				. TIME OF DEATH
Joseph	Hug	h	Bar	ton			Apri]	1 16,	19	91	1355 M
4. SOCIAL SECURITY NUM		5. SEX 6.	AGE (In yrs. les	t birthday) IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			LACE (State or Foreign
233-07-37		1 2 □ F	76	YRS. MONTH		HOURS MIN.		3/191	5 [Vest	Virginia
9a. FACILITY NAME (If not is	stitution, give s	treet and number)		9b. C	ITY, TOWN OR	R LOCATION OF DE	EATH		9c. COUN	TY OF DEA	ТН
Calvert M	emori	al Hospi	tal		Princ	ce Fred	derick	<u> </u>	Ca	lver	t
10a. STATE	10b. COUNTY	Υ		10c. CITY, TOW	N OR LOCATIO	ON				1	IOd. INSIDE CITY
Maryland	St.	Mary's C	ounty	Char	lotte	Hall				1	YES 2 XX
10e. STREET AND NUMBER						ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
Charlot	te Ha	11 Veter	ans Ho	ome		20622				U.S	Δ
11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. AR	IMED 1		NDENT OF HISPAN			r No—	14. RACE -	- American Indian.
1 Never Married 2 3 Widowed XXDIv		FORCES? 1 X	YES 2 N	10	If yes, spec	cify Cuban, Maxica 2X NO Specifi	in, Puerto Rice			Black, \	White White
	CEDENT'S EDU			CEDENT'S USUAL			16b, KJ	ND OF BUSI	NESS/INDU	ISTRY	
Elementary/Secondary (College (1-4 or 5+)	ilfe.	ilve kind of work do . Do NOT use retired	d.)	t of working					
12			Can	rpenter	r		Un	ion			
17. FATHER'S NAME (First, A	Aiddle, Last)					16. MOTHER'S NA			umame)		
Richard	Sheri	man Bar	ton			Ma	rv M	lurph	V		
19a. INFORMANT'S NAME (b. MAILING ADDR	ESS (Street and	d Number or Rural				Code) 2	5938
Mary Bar	ton W	vsong	I	Rt. 1,	Box	84B , V	ictor	W	est		
20a. METHOD OF DISPOSIT			20b. PLACE	AND DATE OF D	ISPOSITION (Name		20c. LOC/			
K Burial 2 Cremati 4 Donation 5 Dothe	on 3 ∐ Rem r (Specify)	oval from State	of cemetary	Lis Cer	meter	v		Vic	tor	W	. Va.
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE									
				A 11	REAL PARTY AND	PARPRESS NED	cidWa 1 1	ace	Filme	RYC	HOME
> m	chores	O. Ray	wo	el	Areh	art Fu	neral	Hom	e ,1	Inc.	
23. PART I. Enter the cahock, or i	liseases, or	Complications that of	aused tha da	eath. Do not an	Areh	art Fu	neral	Hom	e ,1	Inc.	Approximata
23. PART I. Enter the cahock, or I	naart failure.	complications that c	aused tha da	eath. Do not an	Areh	art Fu	neral	Hom	e ,1	Inc.	
ahock, or i iMMEDIATE CAUSE (Fi disease or condition_	naart failure. mai	List only one cause	on aach lina	eath. Do not an	Areh	art Fu	neral	Hom	e ,]	nc.	Approximata Interval Between Onset and Daath
ahock, or i IMMEDIATE CAUSE (FI	naart failure. mai	List only one cause	on aach lina	eath. Do not an	Areh	art Fu	neral	Hom	e ,]	nc.	Approximata Interval Between Onset and Daath
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29c. LICENSE NUMBER

26358

Prince Frederick

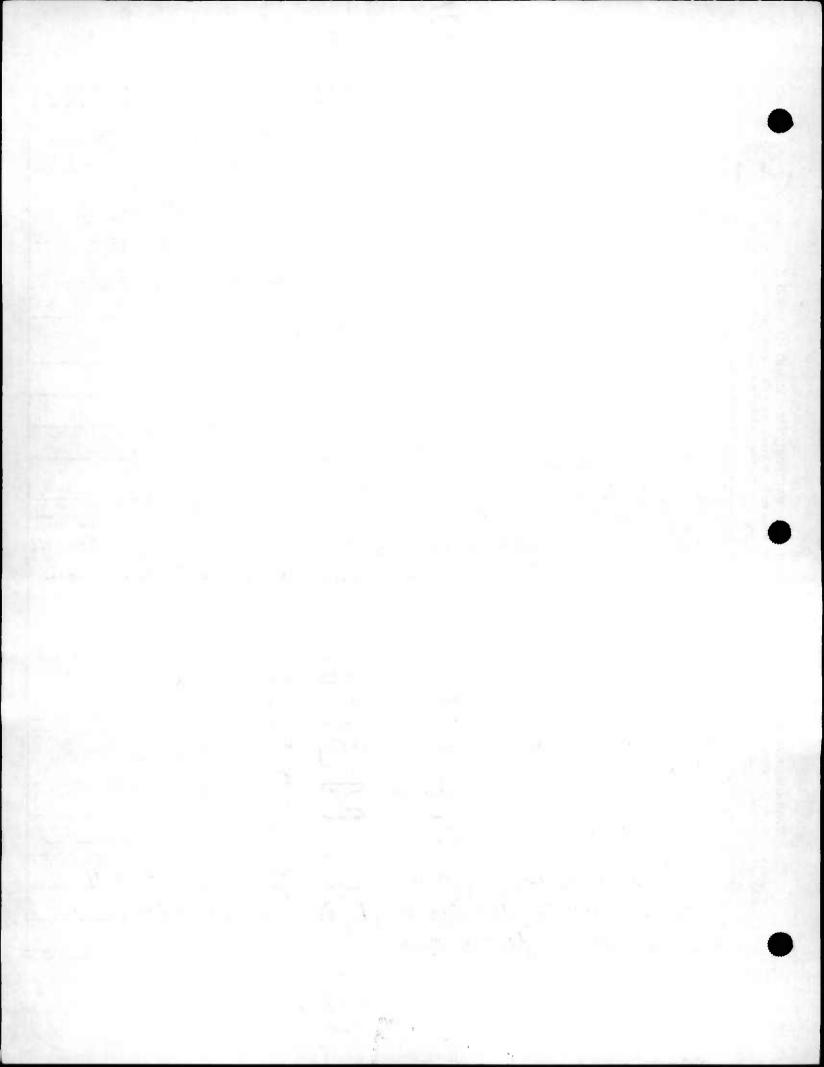
29d. DATE SIGNED (Month, Day, Year)



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3	28	Ħ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent
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王	工事	IPO
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	FOR 1 - STATE REGISTRAR		STATE OF I			RTMENT O			MENTAL HYGIEN	-	111330
	1. DECEDENT'S NAME (First,	Middle, Last)				TOATE	OI DE	3111	2. DATE OF DEATH		3. TIME OF DEATH
	LAURA	F 6	2. BA	KER					APPIL 9.	1991	03/0 M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 Y		DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	216.16.71	33	1 🗌 M 2 🌠 F	84	YRS.	MONTHS D	AYS HOUR	S MIN.	9/29/06	N	IARYLAND
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY, TO	WN OR LOC	ATION OF DE	ATH	9c. COUNTY	OF DEATH
6	PENINSULA	GENE	RAL HOSPI	TAL		S	ALISBU	URY		WICO	MICO
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	Y		10c. CIT	Y, TOWN OR I	OCATION				10d. INSIDE CITY
뜸	MARYLAND	WI	COMICO		5	SALISBU	JRY				LIMITS?
	10e. STREET AND NUMBER	(10f. ZIP C	ODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	817 S. DIV	ISION	STREET					2 18	01		USA
5	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S. AI	RMED				IC ORIGIN? (Specify Yes	n or No- 14.	RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 3 Wildowed 4 Divo			MAR OR DATES	NO		AES 5 X V				Specify:
		EDENT'S EDU	CATION	l see D	ECEDENTIC	USUAL OCCU	PATION		Las vino of Bu	000000000000000000000000000000000000000	WHITE
	(Specify onl	y highest grade	completed)		Silve kind of a. Do NOT u	work done duri	ng most of wo	orking	18b. KIND OF BU	SINESS/INDUS	INT
1 2	8 YEARS	F-12)	College (1-4 or 5 NO		SALES	LADY			RES	CAIL	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)					16. M	OTHER'S NA	ME (First, Middle, Malden		
l w l	JOHN	LEW	VIS	SMIT	H		I	LEONA	(unk)) ні	LLMAN
9	19a. INFORMANT'S NAME (7	ype/Print)		15	9b. MAJLING	G ADDRESS (S	treet and Num	ber or Rural I	Route Number, City or Tox	vn, State, Zip Co	de)
٤	CAROLYN L.	WANEX-	DAUGHTER		817	S. D.	IVISIO	N ST,	SALISBUR	Y, MD	21801
	20a. METHOD OF DISPOSIT	non 3 - Rem	11/91 lovel from State			E OF DISPOS			1	-	or Town, State
	4 Donation 5 C Other	(Specify)	7	PARS	ONS C	EMETE				LISBURY	, MD
	21. SIGNATURE OF FUNERA	CHINICE U	A A	1-		HO]	LOWAY	FUNE	RAL HOME,	PA	
	·WK	Har	11/2			50	I SNOW	V HILL	RD, SALIS	SBURY,	
	23. PART I. Enter the d	iseases, Dr	complications to	at oxused the d	eeth. Do	not enter th	e mode of	dying, suc	h as cerdiec or resp	iretory arreat	Approximate interval Between
1 1	IMMEDIATE CAUSE (Fin			and an onen me							Onset and Death
	disease or condition reaulting in death)	→	· Cardi	OMMOU	out	key	_	_			5 mantles
	ĺ.		OUE TO	OR AS A CONS	OUENCE	75		0. 1.	1	> 4-11	5 manths
NO N	Sequentially list condit		DUE TO	O (OR AS A CONSE	CUENCE!	126	ISCU'E (untic	svancular	DISSE	ise years
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY	ING		,		10					
트	CAUSE (Disease or Injuthet initiated events	iny	DUE TO	OR AS A CONSE	OUENCE C	OF):					
ᇤ	resulting in deeth) LAS	т	d								
2	PART II. Other significa	unt condition	na contributino tr	death but not	reguiting	in the unde	riving caus	re given in	Part I 24a MRC AN	AITTOREY	24b. WERE AUTOPSY FINDINGS
3	- Janes - Jane			out inst	resulting	m are arrae	nyng caus	se given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA									1 TYES	2 NO	OF DEATH?
									_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. PLACE O	F DEATH (Ch	eck only one)		
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	a Home 5 □	Residence	8 Other (Specify)		
ξ	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TII		Ic. INJURY AT		28d. DESCRIBE HOW	INJURY OCCUP	RED
BY F	1 Natural 5 _	Pending Investigation	(monor,	Day, real)	- "		1 YES	2 NO			
	3 Suicide a	Could not be	28e. PLACE building	OF INJURY - At It	ome, farm,	street, factory	, offica		28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
E	4 Homicide	detarmined	177								
7		TIFYING PHYS	SICIAN: To the best of	of my knowledge, o	leath occur	red at the time	, data and pl	lace, and dua	to the cause(a) and me	nner as stated.	
	one) 2 MEC	EXAMINE	ER: On the basis of	examination and/o	r investigati	lon, in my opir	olon, death o	coured at the	time, data and placa, a	nd due to the c	ause(a) and manner as stated.
O O					2	- 1-	29c.	LICENSE NUI	MBER OF	29d. DATE S	IGNED (Month, Day, Year)
E COMPLETED	296. SIGNATURE AND TITLE	E OF CERTIFIE	. / . /						14 11 4		/ / -
BE	Frame	es C	Hill	91. M	D		- 0	OB C	108	D 4	-19/91
	Frame	F PERSON WI	HO COMPLETED CAN	USE OF DEATH (IT	EM 27) (Typ	e, Print)	01	S ()	1 11	1-4	-/9/91
BE	JUME 30. NAME AND ADDRESS OF THOMAS C.	F PERSON WI	HO COMPLETED CAN	08 Pine	EM 27) (7)0 2 B	1 /1	Rd.	Salis	bury. M	d 218	-/9/91 801
BE	Frame	F PERSON WI	HO COMPLETED CAN	97, M USE OF DEATH (IT O 8 PINE MAR'S SIGNATURE	. 0	1 /1	Rd.	Salis	busy. M	d 211	501

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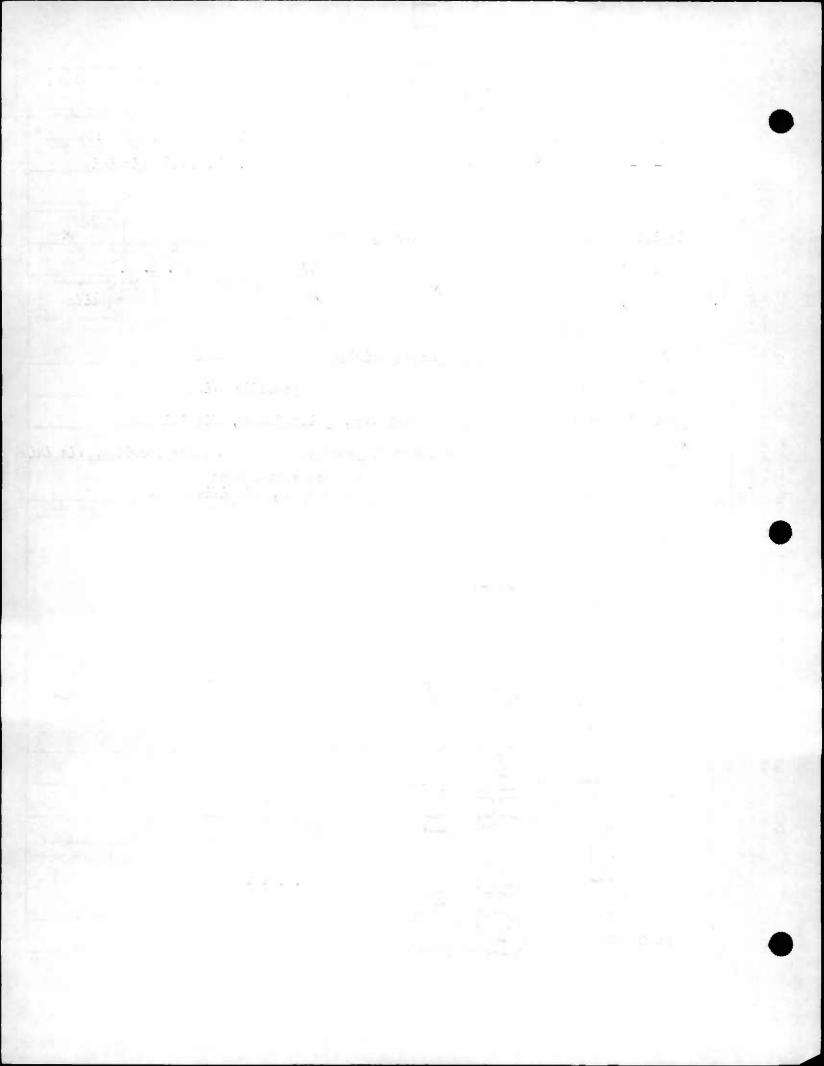
BALTIMORE, MARYLAND 21215-0020

	REGISTRAR	CERTIFICA	AIE OF L	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)			2.	DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	Ralph Rick	Beebe			04 0		8:14 A M
				IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
1	226-54-6967 1×1×2 □ F	48 YRS. MOY	TIME DATE		n. 23, 1	01.5 1/1	rginia
. 7	9a. FACILITY NAME (If not institution, give street and number)	9b	CITY, TOWN OR	LOCATION OF DEATH	1	9c. COUNTY OF	DEATH
5	1235 Ocean Highway		Pocomo	ke		Worces	ter
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CITY TO	OWN OR LOCATIO	N			104 INSIDE CITY
DIRECTOR	Virginia Accomack	4.1	Church				10d. INSIDE CITY LIMITS? 1 Tyes 2 No
ا پ	10e. STREET AND NUMBER	i i eu		IP CODE		10a, CITIZEN OF	WHAT COUNTRY?
1	Route 1 Box 68B			34/5		11 0	4
FUNEHAL	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	13. WAS DECEN	DENT OF HISPANIC			
	IF YES GIVE WAR	YES 2 NO OR DATES	If yes, spec	Ify Cuban, Maxican, P NO Specify:	vario Rican, etc.)	Spi	CE — American Indian, ick, White, etc. ecity: Write
BY	3 Wildowed 4 L Divorced			**			· MICCE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USL (Give kind of work life, Do NOT use rei	JAL OCCUPATION done during most	of working	16b. KIND OF BUS	SINESS/INDUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)				5 11		
COMPL	12	Truck D			Jell		
	17. FATHER'S NAME (First, Middle, Lest)	•		18. MOTHER'S NAME	44	Surname)	
BE	Ralph Beebe 19e. INFORMANT'S NAME (Type/Print)	405 4444 100 470	DD500 (01-11-1	Jeanes Number or Rural Roul			
2	Jeanette Beebe	Beebe	0 1 /		1.4	inia 23	226
	20s. METHOD OF DISPOSITION	20b. PLACE AND DATE OF		hincotea		CATION - City or	
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	of emetary, crematory or of	other place)	1	7	erancev	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Joint ragar	DO NAME AND	ADDDESS OF FACE	TV	emicer	me, regum
	4 11	00		r Funeral			
	23. PART I. Enter the diseases, or complications that c	in borda		teaque,			
		IOSCLEROTIC (CARDIOVA	ASCULAR D	ISEASE		Interval Between Onset and Death
2	Sequentially list conditions, if any, leading to immediate	R AS A CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury						
	that initiated events DUE TO (OF	R AS A CONSEQUENCE OF):					
H	resulting in deeth) LAST						
- 11	PART II. Other eignificant conditions contributing to de	ath but not resulting in t	he underlying	cause given in Pa	rt I. 24e. WAS AN	AITTOPSV 2	
∢ ∥			no anagnijing		IL I. Zan. Into Mi		4b. WERE AUTOPSY FINDINGS
ا ق			ne underlying	giron iii i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
W			no underlying		PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
W	25. WAS CASE REFERRED TO MEDICAL			CE OF DEATH (Check	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W	EXAMINER? HOSPITAL:	To.	28. PLA	CE OF DEATH (Check	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL	EXAMINER? 1 ☑ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ E 27. MANNER OF DEATH 28s. DATE OF IN.	R/Outpetlent 3 DOA 4	28. PLA THER: □ Nursing Home F 28c. INJUI	CE OF DEATH (Check 5 Residence &X	PERFOI	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME	EXAMINER? 1 🖾 YES 2 NO 1 Inpetient 2 E 27. MANNER OF DEATH 1 Netural Semanting	R/Outpetlent 3 DOA 4	28. PLA THER: Nursing Home F 28c. INJUI Y WOR	CE OF DEATH (Check 5 Residence &X	only one)	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: ME	EXAMINER? 1 Nesteral 27. Manner of Death 1 Nesteral 2 Accident 3 Suicide 8 Could not be HOSPITAL: 1 Inpetient 2 Les (Morit, Dey, (Morit, Dey, (Morit, Dey, (Morit), Dey, (Morit	R/Outpatient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, stre-	28. PLA THER: Nursing Home 7 28c. INJU WOR 1 YE	CE OF DEATH (Check 5 Residence & X RY AT 21 K? 2 NO	only one) Other (Specify) Bd. DESCRIBE HOW	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M
BY PHYSICIAN: ME	EXAMINER? 1 🖾 YES 2 NO 1 Inpetient 2 E 27. MANNER OF DEATH 1 Netural S Fonding 2 Accident investigation 28. PLACE OF IN (Month, Dey,	R/Outpatient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, stre-	28. PLA THER: Nursing Home 7 28c. INJU WOR 1 YE	CE OF DEATH (Check 5 Residence & X RY AT 21 K? 2 NO	only one) Other (Specify) Bd. DESCRIBE HOW	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: ME	EXAMINER? 1 Netural 27. Manner of Death 1 Netural 2 Accident Investigation 3 Suicide 4 Homicide 20. CERTIFIER 1 OPPITAL: 1 Inpetient 2 = E8. Data of Investigation 268. PLACE OF III building, etc.	R/Outpetient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, street. (Specify)	28. PLA THER: Norsing Home F Y Sec. INJUI WOR 1 YE pt, factory, office	CE OF DEATH (Check 5 Residence & 22 KY KY SS 2 NO	only one) Other (Specify) Bd. DESCRIBE HOW or Town, State,	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M
BY PHYSICIAN: ME	EXAMINER? 1 No PITAL: 1 Inpetient 2 E 1 Inpetient 2 E	R/Outpetient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, street. (Specify)	28. PLA THER: Nursing Home F Y 28c. INJUI WOR 1 YE pt, factory, office	CE OF DEATH (Check 5 Residence all KY KY S 2 NO 21	only one) Other (Specify) Id. DESCRIBE HOW I St. LOCATION (Street City or Town, State)	NJURY OCCURED and Number or Run	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 No SPITAL: 1 Inpetient 2 E 1 Inpetient 2 E	R/Outpetient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, street. (Specify)	28. PLA THER: Nursing Home F V WOR 1 Y V t, factory, office th the time, date a	CE OF DEATH (Check 5 Residence all KY KY S 2 NO 21	only one) Other (Specify) Bd. DESCRIBE HOW I City or Town, State, the cause(a) and ma	NJURY OCCURED and Number or Run more as stated, ind due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 N YES 2 NO 27. MANNER OF DEATH 1 Inpetient 2 Esa. DATE OF IN (Month, Dey. 1 Centifier 28a. DATE OF IN (Month, Dey. 28a. PLACE OF II building, etc. 28a. PLACE OF II building, etc. 28a. PLACE OF II building, etc.	R/Outpetient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, street. (Specify)	28. PLA THER: Nursing Home F V WOR 1 Y V t, factory, office th the time, date a	CE OF DEATH (Check 5 Residence all KY XY SS 2 NO 21 and piece, and due to atth occured at the time 29c. LICENSE NUMBE	only one) Other (Specify) Ed. DESCRIBE HOW of Town, State, City or Town, State, the cause(e) and make, data and place, as	NJURY OCCURED and Number or Run more as stated, indidue to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO al Route Number, e(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 Netural 27. MANNER OF DEATH 1 nepetient 2 Each impetient 2 Each impetient 2 Each impetient 3 Each impetient 3 Each impetient 3 Each impetient 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	R/Outpatient 3 DOA 4 JURY 28b. TIME 0 INJURY — At home, farm, street. (Specify) knowledge, death occurred a relation end/or investigation, i.	28. PLA THER: Nursing Home F V MOR 1 Y St, factory, office ti the time, date a	CE OF DEATH (Check 5 Residence exists RY AT 20 RY AT 21 RY 21 RY 21 RY 21 RY 21 RY 21 RY 21 RY 31	only one) Other (Specify) Ed. DESCRIBE HOW of Town, State, City or Town, State, the cause(e) and make, data and place, as	NJURY OCCURED and Number or Run nner as stated. and due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO al Route Number,
COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 No PITAL: 1 Impetient 2 Examiner 1 Notural Examiner 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of exemulation 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE	R/Outpetient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, street. (Specify) knowledge, death occurred a injustion end/or investigation, i	28. PLA THER: Norsing Home Work M 1 Ye et, factory, effice at the time, date a n my opinion, dei	CE OF DEATH (Check 5 Residence ex 7 AT 21 RY AT 21 R	only one) Other (Specify) Bit. LOCATION (Street City or Town, State) the cause(a) and make, data and place, as	NJURY OCCURED and Number or Run moer se stated, and due to the cause 29d. DATE SIGN 04	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO All Route Number, e(a) and manner as stated. ED (Month, Day, Year) 07 1991
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 Netural 27. MANNER OF DEATH 1 nepetient 2 Each impetient 2 Each impetient 2 Each impetient 3 Each impetient 3 Each impetient 3 Each impetient 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	R/Outpetient 3 DOA 4 JURY 28b. TIME 0 INJURY NJURY — At home, farm, street, (Specify) r knowledge, death occurred a relination end/or investigation, it	28. PLA THER: Norsing Home Work M 1 Ye et, factory, effice at the time, date a n my opinion, dei	CE OF DEATH (Check 5 Residence all KY XY SS 2 NO 21 and piece, and due to atth occured at the time 29c. LICENSE NUMBE	only one) Other (Specify) Bit. LOCATION (Street City or Town, State) the cause(a) and make, data and place, as	NJURY OCCURED and Number or Run moer se stated, and due to the cause 29d. DATE SIGN 04	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO All Route Number, e(a) and manner as stated. ED (Month, Day, Year) 07 1991

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DÍVISION OF VITAL RECORDS, P.O. BOX 68760,



1	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

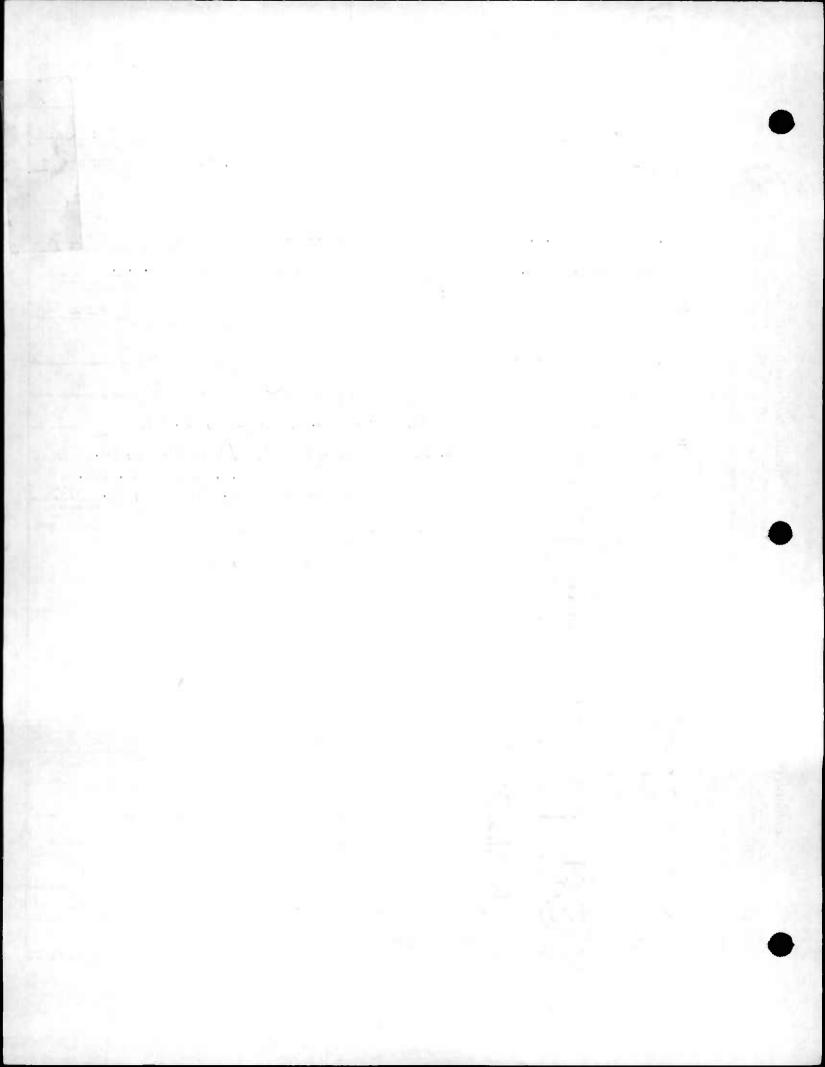
- STATE REGISTRAR		SIAIE UT N		RTIF			DEATH	ו אובאו ע	REG. NO	VE).		
1. OECEDENT'S NAME (First,	Middle, Last)								TE OF DEATH			3. TIME OF DEATH
Viola F. H	BORLEY							APE		DAY 1	YEAR QQ1	11:18 A M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. last	birthday)		R t YEAR	IF UNDER 24 HR	s. 7. DA	E OF BIRTH			IPLACE (State or Foreign
579-38-4686		1 🗌 M 2 🔀 F	76	YRS.	MONTHS	DAYS	HOURS MIN		pt. 2,	1914	Vi	rginia
9a. FACILITY NAME (If not ins		reet and number)			9b. CIT	Y, TOWN	OR LOCATION OF	F DEATH		1	NTY OF D	
DOCTORS COM		HOSPITA	L			LANH	AM			PRI	NCE	GEORGE
RESIDENCE OF DEC	10b. COUNTY			10c, CITY	r. TOWN	OR LOCA	TION			-		10d. INSIDE CITY
		2 0		1000			rattsvil	110				LIMITS? 1 XXYES 2 NO
MD . 10e. STREET AND NUMBER		P.G.					M. ZIP CODE	LTG	-	10a CIT	IZEN OF V	WNAT COUNTRY?
	cator	St.					2078.	L			U.S.	
11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divor			T EVER IN U.S. ARI		13	If yes, s	CENDENT OF HIS pecify Cuban, Ma S 2 X NO Sp			es or No		E — American Indian, k, Whita, etc. #y: White
15. DECE (Specify only	DENT'S EDUC	ATION completed)	16a. DE6	CEDENT'S	USUAL	OCCUPATI	ION ost of working	1	16b. KIND OF 8	USINESS/IN	DUSTRY	
Elementary/Secondary (0-		College (1-4 or 5	lite	Do NOT us	e retired.)	out of troviang	_ 1				
7]	Homer	nake	er				Но	me	
17. FATHER'S NAME (First, Mile	ddle, Last)						18. MOTHER'S	NAME (Fin	st, Middle, Maide	n Surname)		
WILLI	AM	BEACH					DI	ELIA	M	ACART	Y	
19a. INFORMANT'S NAME (7)	rpe/Print)		196	. MAILING	ADDRE	SS (Street	and Number or Ri	ural Route N	umber, City or To	wn, State, Zi	p Code)	
	Borley		5	007]	Deca	tor	St. Hy	attsv	ille.	Md. 2	0781	
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 4 Donation 5 Other		oval from State	20b. PLACE of cemetary	crematory	or other	place) Ceme	N (Name etery	. 1.	,	ocation - rentw		
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEED 1 6	70 /				AND ADDRESS O	F FACILITY	W.W.Ch			
+ Thomas	1,5	home	10.		-	202	Clarral					
23. PART I. Enter the di	20,	Crucus.	viers	-th Do-								Md. 20737
shock, or he IMMEDIATE CAUSE (Fin disease or condition reculting in death)		Liet only one car		DIORE	P: AD	VANC	ED CARO	INOM		3		Interval Between Onset and Death
Sequentially flat conditi if any, leeding to immed cause. Enter UNDERLY!	diate NG	o. Cen	OR AS A CONSEC	6	ne	in	mes	, 1	em	•		
CAUSE (Disease or Inju that initiated events resulting in death) LAS		OUE TO	(OR AS A CONSEC	OUENCE O	F):							
PART II. Other significa	nt condition	a contributing to	deeth but not r	eaviting	in the	undariyi	ng ceuse give	n In Part I	. 24a. WAS	AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
								_	1 🗆 YES			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					26.	PLACE OF OEATH	(Check on	y one)			
EXAMINER?	41 17	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTH!	ER:	me 8 🗆 Raelde					
27. MANNER OF DEATH	Pending	28a. DATE O		28b. TIN		28c. If	NJURY AT YORK?	28d.	DESCRIBE HOV	V INJURY O	CCURED	
2 Accident 3 Suicide 8	investigation Could not be	28e. PLACE (OF INJURY At he	ome, farm,	street, f		YES 2 NO	28f.	LOCATION (Stree City or Town, Sta	et and Numb	er or Rural	Route Number,
4 Homicide	detarmined	2										
anal and		CIAN: To the best of										(a) and manner as stated.
196. SIGNATURE AND TITLE	us.	n h	j .				29c. LICENSE	NUMBER	=7	29d. D/	TE SIGNE	g (Month, Gey, Year)
30. NAME AND ADDRESS OF	4 3	O COMPLETED CAN	USE OF DEATH (ITE	M 27) (Type	Print)	2.	73/2 Fre	dul	afina	Ki	oke	5775
31. DATE FILED (Month, Dey, APR 15	*9 1	32. REGISTR	Davidson V	andell	2							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
n 24 nours after death. Page	ly filled in by the funeral dir	ation, or removal.	the medical examiner
certificate be executed within	ding physician and complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r other traumatic event,
aw requires that the death	s been signed by the attence	pt. of Health and Mental H	3 shows any injury, or
INDING PHYSICIAN: The Is	R: After this certificate has	er death with the State De	is marked, or item 2
TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTO	be filed within 72 hours after	IMPORTANT: If Item 28

	REGISTRAR		CERTIFICA	ATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Light)	oeth	Ban	zer		2. DATE OF DEATH	YEAR GI	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. S	8. AGE (In		UNDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign hy) Wary 1244
ron		Spilal	96.	Silve	C Spring	, md. 20210	9c. COUNTY OF E	ont down and
DIRECTOR	106. STATE 106. COUNTY	nce Goorg	es 10c. CITY, TO	WN OR LOCA	Jale			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER THE THE	'erman	Street	10	ZOT	37	10g. CITIZEN OF	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U FORCES? 1 D YES IF YES, GIVE WAR OR DAT	J.S. ABMED 2 X NO ES	If yes, s		IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.) ::	or No— 14. RAC Blac Spec	E — American Indian, kk, White, atc.
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N (eted)	(Give kind of work life. Do NOT use re	done during m	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) Col	(1-4 or 5 +)	N/A	ared.)		N/A		
	17. FATHER'S NAME (First, Middle, Last)	ard Bai	rget			ne Ann Sav		ger
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street		Route Number, City or Tow		36. 7
2	James E. Barger		4904 Tu	ckerma	n Street	Riverdale		737
	20th METHOD OF DISPOSITION 1 23 Suriel 2 Cremation 3 Removal f 4 Donation 5 Other (Specify)	rom State 20b. I of ce	PLACE AND DATE OF COMMETTER, CREMETE	DISPOSITION ther place) Metery	(Name	1	cation – city or 1 aurel, 🖹	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Tenda,	/		ND ADDRESS OF FA	CHITY	uneral H	lome, Inc.
	23. PART J. Entar the diseases, or comp shock, or heert fellure. List	lications that caused	the death. Do not					Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	PULMONA	ary HI	Popl	ALA			Onaet and Death
Z	.	OL(GOT	CONSEQUENCE OF):	No c				
ATIO	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING	RENAL	CONSEQUENCE OF):	AL				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	OUE TO (OR AS A (CONSEQUENCE OF):					
	PART II. Other significant conditions co	entributing to death bu	t not resulting in t	ha undarivi	ng causa given In	Part I. 24s, WAS AN	AUTOPSV 24	b. WERE AUTOPSY FINDINGS
MEDICAL						PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (Ch	eck only one)		
SIC		OSPITAL: Inpatient 2 - ER/Outpe		THER:	me 5 Residence			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	r W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stre	et, factory, off	ce	28f. LOCATION (Street City or Town, State)		Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or							(e) end manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	01.1			29c. LICENSE NU	MBER	29d. DATE SIGNE	(Month, Day, Year)
TO 8	30. NAME AND ADDRESS OF PERSON WHO CO	MDI ETED CAUSE OF ST	TH (ITEM 27)	med i	107	24	7/5	19,
	STOWN P. WINER	Hour (Ras	JUCH U	1500	GORYT	- Clev R	D SIL.	SPL MD
	APR 1 5 91	32. REGISTRAR'S SIGNA	TURE Sydett					/

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TO BE COMPLETED BY FUNERAL DIRECTOR

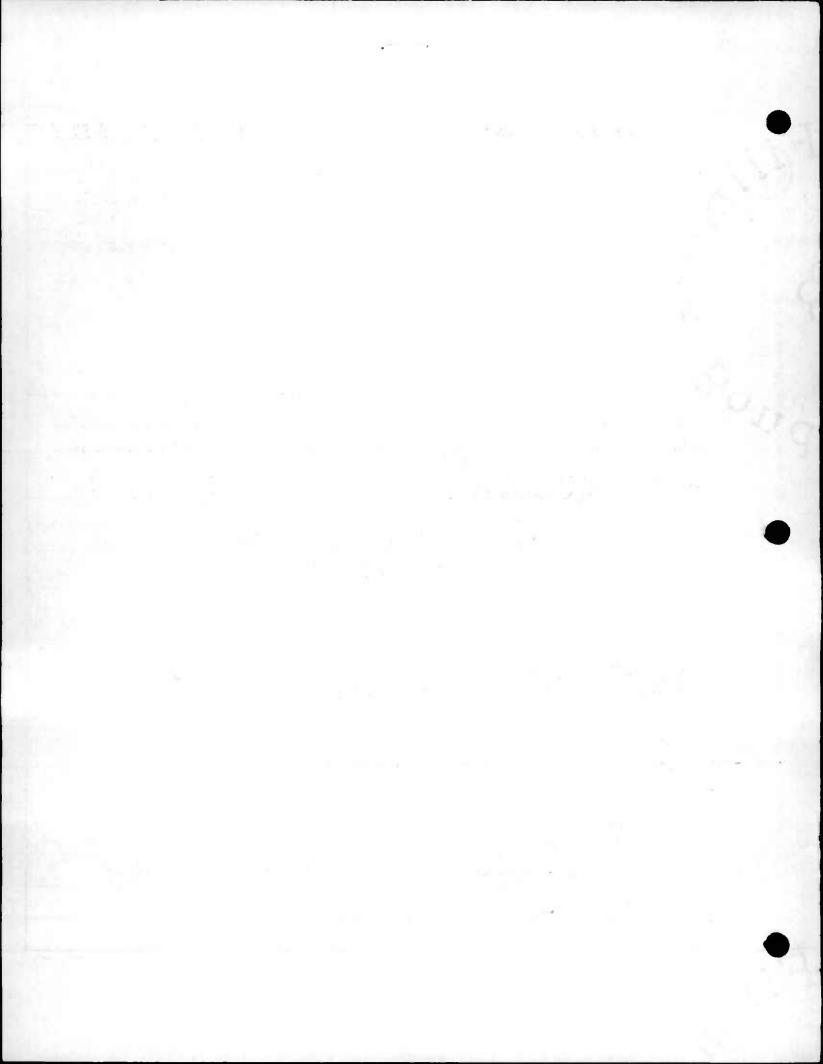
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OR	DIRE	tem
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OSP	UNE	ANT
포	HE F	OFT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🚁 rours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has find within 79 hours after death with the State heart and Mental Hanileon prior to burial comparison or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

APR 1 5 91

1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND N DEATH	MENTAL HYGIENI REG. NO.	E .	
1. DECEDENT'S NAME (First, Middle, La	BAR WED	Calvin	Henry B	arker,SR	2. DATE OF DEATH DA	Y dy	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
497-12-1093	1 X XM 2 🗆 F	65 YRS.	MONTHS DAYS	HOURS MIN.	12-12-24	Mi	issouri
90. FACILITY NAME (If not institution, git Greater Laure)			Laurel	OR LOCATION OF DE	ATH	9c. COUNTY	of DEATH Ce George
RESIDENCE OF DECEDENT						FFINC	
	e Arundel		town on Loc ure1	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 A NO
10s. STREET AND NUMBER			1	of, ZIP CODE			OF WHAT COUNTRY?
17 B South Paul	a Street	110 40450	40 900 00	20724	10 0010110 /0 It. V	US	
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, a	pocify Cuben, Mexicants NO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No 14.	RACE American Indian, Black, White, atc. Specify:
3 Widowed 4 Divorced	MAII						White
15. DECEDENT'S 8 (Specify only highest gi		(Give kind of we life. Do NOT use	ork done during n	nost of working	16b. KIND OF BUS	NESS/INDUST	HY
9	0	Hechanic			Gover	nment	(DC)
17. FATHER'S NAME (First, Middle, Last) Brian Barker					ME (First, Middle, Maiden	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	Minnie M	Route Number, City or Town	n, State, Zip Coo	cle)
Margaret E. Barl	ker	17 B Sc	outh Pa	ula Stree	t Laurel,	larylar	nd 20724
29a/METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ F	Removal from State	place of disposition other place) Linco	·	emetery, crematory or			or Town, State
4 Donation 5 Other (Specify)		. LINCO		AND AGORESS OF FA	DAY AND A		Home, Inc.
1 Jall	N. Vonbal		7601	Sandy Spr	ing Rd. La		
23. PART / Enter the diseases,	or complications that caused ire. List only one cause on ea	the death. Do no					
IMMEDIATE CAUSE (Final disease or condition			0.01	TAI ERAIT	(A)		Onset and Death
resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	DIFL.	INFAOLT	/4/0		
Sequentially list conditions,	CORONARY	ARTER	Y DIJE	ASE			
if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):				
resulting in death) LAST	d						
PART II. Other eignificent condi	itions contributing to death bu	It not resulting in	n the underly	ing cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
CHROWN DBST	PARTUS RILLMA	34/81/11	11.0011.00		1 YES 2		COMPLETION OF CAUSE OF DEATH?
CHICONIL DISSI	LOCIVE HOLIN	ON POLY	11.) = 1754		-		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICA				PLACE OF DEATH (Ch	eck only one)		
EXAMNER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Output			ome 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY 1	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	RED
2 Accident Investigati 3 Suicide 6 Could not	28e, PLACE OF INJURY	— At home, farm, s			28f. LOCATION (Street		Rural Route Number,
4 Homicide determine					City or Town, State)		
cond.	HYSICIAN: To the best of my knowledge						
A CA MEDICAL EXAM	the basis of examination	and/or Investigation	n, in my opinion				
296. SIGNATURE AND TIME OF CENT	Diorete			DZUUZ	S S	≥ 4/	S/U]
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	1	1	. "	7.73
	Aurel Kelt	3/102	40 Sp	. (Ar	irel, N	40 Z	0707
31. DATE FILED (Month, Day, Year)	32. REGISTRATE BIGNA	The party of	/				





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay 5 should be detached for use as the		
the hosp	detacher	_	Juce.
retained by	should be	,	officed at
тау ре 1	N pag 3	-	A I
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within 24	npletely fil	cremation	rent, the
executed	and con	to burial,	matic e
ficate be	physician	ne prior 1	her trau
eath cert	attending	ntal Hygie	y, or of
that the d	d by the	and Me	ny Injur
requires	een signe	of Health	shows a
The law	ate has b	ate Dept.	1 23
IYSICIAN:	is certifica	ith the St	ed, or II
IDING PH	After thi	death w	s mark
OR ATTEN	JIRECTOR	ours after	em 28
SPITAL (INERAL C	thin 72 hi	INT: IF IS
TO THE H	THEF	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nother at Innea.

0	FOR 1 STATE	STATE OF MA	ARYLAND / DEPA			MENTAL HYGI	ENE 9	1 11335
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) HRESUL	А Т.	CHEAKALOS	FICATE OI	DEATH	2. DATE OF DEATH AMONTH ADILL	NO.	3. TIME OF DEATH 3 A M
	4. SOCIAL SECURITY NUMBER 217-28-8539	1 🗆 M 2 🗓 F	AGE (In yrs. last birthday 95 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Feb. 16	, 1896	BIRTHPLACE (State or Foreign Country) Greece
TOR	9a. FACILITY NAME (If not institution, give st Manor Care RESIDENCE OF DECEDENT	reet and number)		The state of the s	aton, Md.	EATH	9c. COUNTY MO	ntgomery
DIRECTOR	Maryland MOnt	gomery	10c. C		Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2501 Hayden				of. ZIP CODE			USA
B	1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2 NO	If yes,	CENDENT OF HISPA specify Cuben, Mexico S 2 ☑ NO Specif	nn, Puerto Rican, etc.		.RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	'S USUAL OCCUPA' if work done during i use retired.)	TION nost of working	16b. KIND OF	BUSINESS/INDUS	TRY
COMP	1-8th. 17. FATHER'S NAME (First, Middle, Last) Demosthenis Mert:	7410s	Но	memaker	INDUCATION PLANTING	AME (First, Middle, Ma		
Ē	1941. INFORMANT'S NAME (Type/Print) Paul T. Cheakalos	20103			and Number or Rural		Yown, State, Zip Co.	Md. 20904
	20a. METHOD OF DISPOSITION 1 Q Buriel 2 Cremation 3 Remote 4 Donation 5 9 Per (Specify)	//	20b. PLACE OF DISP other place)	osition (Name of a f Heaven	Cemetery or	7 Si	LOCATION — City	y or Town, State
	21. SIGNATURE OF PUNETAL SERVICE LIC	Kiral	de la	Hine	and address of F s/Rinaldi O N.H. Av	. Funeral		ng. Md. 20904
	23. PART i. Enter the diseases, or o shock, or least failure. I IMMEDIATE CAUSE (Final	List only one cause	on each line.	not enter the n	ode of dying, suc	ch as cardiac or re	espiretory arres	t, Approximeta interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (O	CATION THAS A CONSEQUENCE E DEM	OF):		IL RECU.	RREUT	1 MTH
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	RAS A CONSEQUENCE	OFI:		20515		10 4RS+
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	ACIZED	OF): ARTE	KIOSCI	CEROSIS		200 YHCS
	PART II. Other significant condition	contributing to d	eath but not resultin	g in the underly	ng cause given in	PEF	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			28	PLACE DF DEATH (C	beck only one)		1 TES 2 NO
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	me 5 - Residence			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		NJURY 1	NJURY AT VORK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCUR	RED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, farm c. (Specify)	n, street, factory, of	lice	261. LOCATION (St City or Town, S	reet and Number or tate)	Rural Route Number,
COMPLETED		R: On the basis of exa						cause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF DENTHINES 30. NAME AND ADDRESS OF PERSON WH	en, uc			DOS 8	7 MA		GIGNED (Month, Day, Year)

NASOU, WD. 10620 GEORGIA AVE.

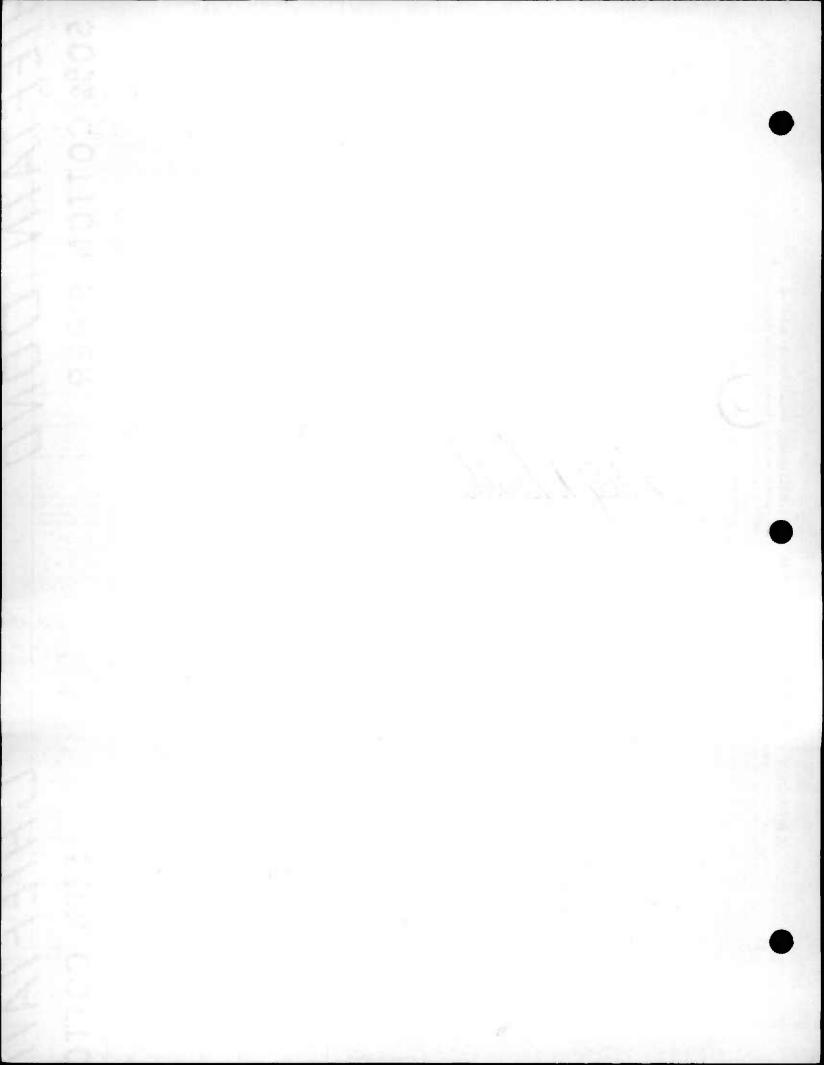
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31. DATE FILED (Morith, Day, Year)
APR 15 '91

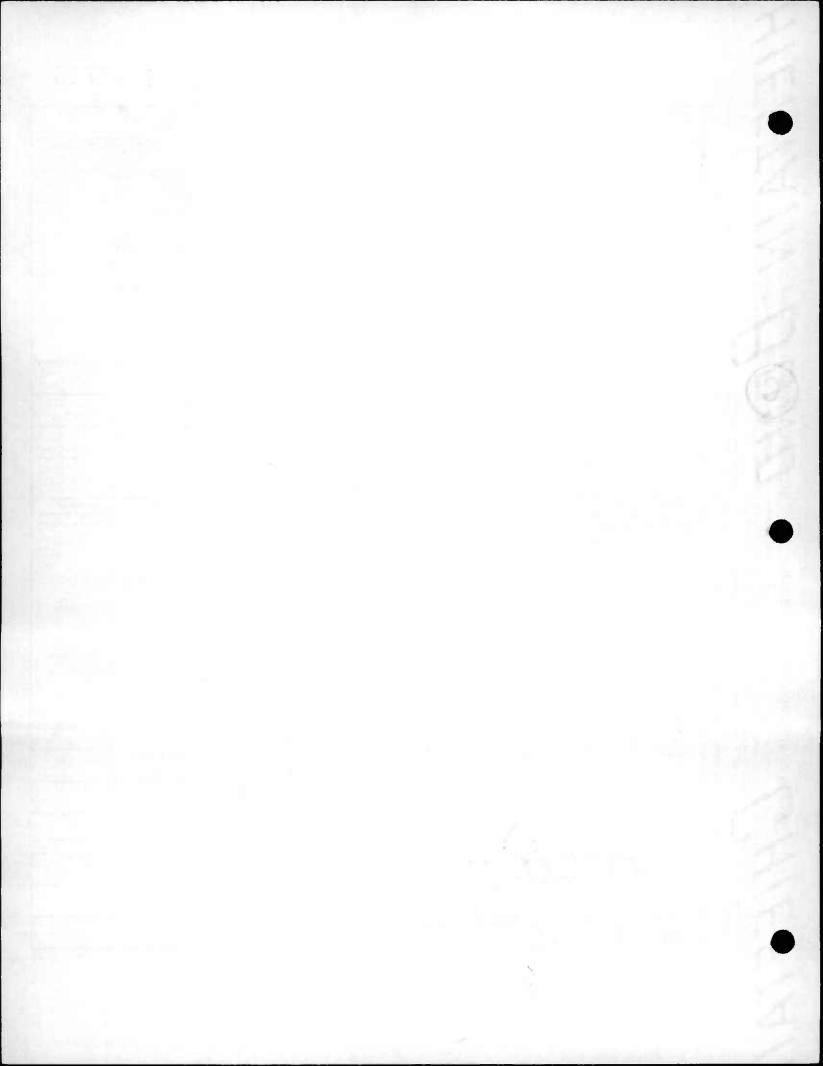
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SILVER SPRING, MD 20902



BALTIMORE, WARYLAND 21203-3146	hin zernours after death. Page 6 may be realisted by the lospital or attending physician.	or this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 pages 5 pages 1, 2, 3 sho the with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be main the main through pospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH		R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	George	Willia			, J		A		12,	1991		3. TIME OF 1 8:45	Р	M
	4. SOCIAL SECURITY NUMBER 223-42-7181 9a. FACILITY NAME (If not institution, give a	6. SEX 1 X M 2 □ F	6. AGE (In yrs. Is 78	YRS.	IF UNDER	DAYS	IF UNDER 24 HR HOURS MIT	. Ju	ne 3	(Year)	_	Vir	ginia	or Foreign	
DIRECTOR	Collington Episcop	nal life	Care Communi	ty			LIVILLE				76.00	ice G	eath George	's	
입	10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE	CITY	_
	Maryland Prin	ce George	e's		chel	lvil					10- 017	ZEN OF W	LIMITS7 1 YES 2 WHAT COUNTR	X No	
FUNERAL	10450 Lotsford R							207			Uni	ited	State	s	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2)()	(NO	H	yes, sp	ENDENT OF HIS scify Cuben, Me 2 NO St	xican, Pu	MIGIN7 (S) Jerto Rican	ecity Yes	or No-	Speci	- American L, White, etc. My: nite	Indian,	
	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL OC	CUPATK	ON at of working		16b. KIN	D OF BUS	SINESS/INC	USTRY			┫
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) ik	Educa		anny mo	st of working		Co:	lleq	e				
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	NAME (_			
BEC	George William C	ox, Sr.					Loui	Lsa	Jenk:	ins					
10	19a. INFORMANT'S NAME (Type/Print)						nd Number or R								
-	Martha K. Cox]	.0450	Lots	for	d Road,	#2	109,	Mit	chel]	vill	Le, MD	2072	1
	20a. METHOD OF DISPOSITION 1	oval from State	SUDUI	alaca)			netery, cremetory	or			CATION -		wn, State	nvlan	4
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	100001	Daii C			D ADDRESS OF	FFACILIT	γ .	011	A CT	htti	ig, ria	тутан	u
	· Elen X		P		93	3 G	ist Ave	enue	, S:	ilve	r Spi	ring,	, MD 2	0910	
	23. PART I. Entar tha diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Conges	se on aach iin	a. eart f	-ailu		de of dying,	such as	cardlec	or reepi	iratory an	rest,	Interv	eximate al Between and Deat	
CERTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C	(OR AS A CONSE	A-1-1-11											
ERTIF	that initiated events resulting in desth) LAST	d	(OR AS A CONSI	EQUENCE O	F):										
	PART II. Other aignificant condition	na contributing to	daath but not	resulting	In the un	derlyin	g cause give	in Par	t I. 24s	. WAS AN	AUTOPSY	24b	. WERE AUTOP	SY FINDINGS	
: MEDICAL	Alzheimer's Di									PERFOR			AVAILABLE P COMPLETION OF DEATH?	DF CAUSE	
¥	25. WAS CASE REFERRED TO MEDICAL					26. P	ACE OF DEATH	(Check	only one)						-
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	t: Una Hon	ne 5 🗆 Reside	nce 6	Other (Sc	ac(fv)					\neg
BY PHYSICIAN: M	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY	28b, TIN		28c. IN.	PURY AT DRK? YES 2 NO	28			NJURY OC	CURED		П	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — At It etc. (Specify)	nome, farm,	street, fact	ory, offic	•	26		N (Street wn, State)		r or Rurel F	Route Number,		
COMPLETED	one)	ER: On the basis of an											a) and manne	r as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	lille	io				29c. UCENSE	NUMBER 27	50				(Month, Day,		
2	30. NAME AND ADDRESS OF PERSON WI Peter M. Schiss						enter	Driv	e, G	reen					
	APR 15 91		R'S SIGNATURE												

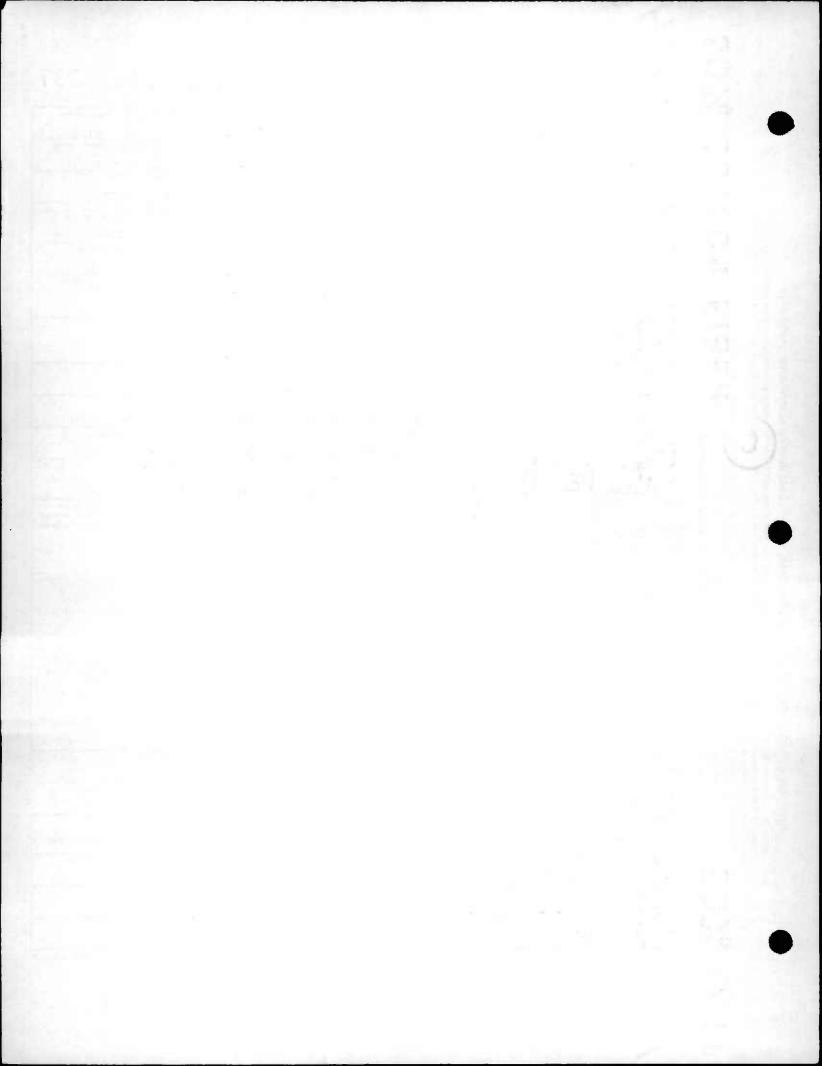


be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-fours after clean. FID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examination of the process o DIVISION OF VITAL RECORDS, P.O. BOX 13146,

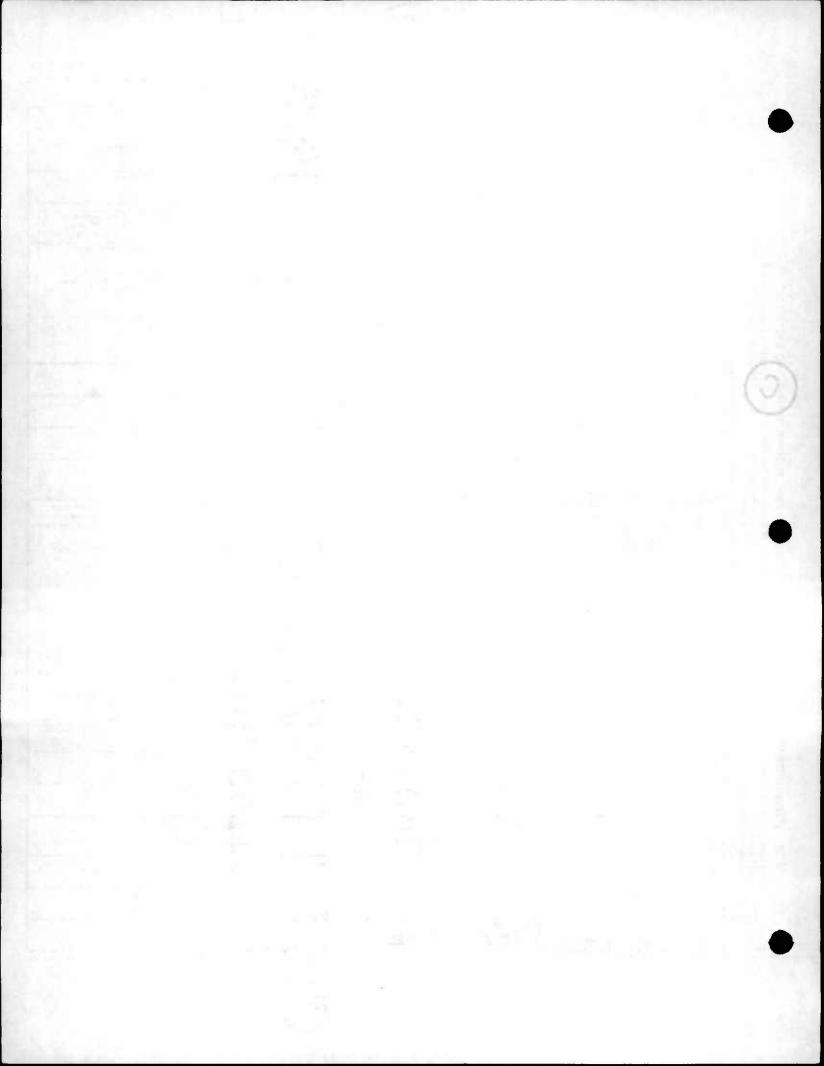
1. DECEDENT'S NAME (Fir	st, Middle, Last)									ATE OF DE	DAY		YEAR	3. TIME OF DEATH
Holland		W.		lark	son					pril		1991		9:50 P
4. SOCIAL SECURITY NUM 569-14-9037		6. SEX	6. AGE (In yrs. le:	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	(A	ATE OF BII	Year)	000	Count	**
9a. FACILITY NAME (# not		street and number)	93	590	9b. CITY	TOWN (OR LOCAT	TON OF O		r.,	3, <u>1</u>		MISS	
Wilson Hea	1th Car		r				rsbu						tgom	
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCA	TION	-						10d, INSIDE CITY
Maryland	Monto	gomery		Gai	ther	sbir	ra							LIMITS?
10e. STREET AND NUMBE		5		2		_	r. ZIP COI	DE				10g. CIT	IZEN OF	WHAT COUNTRY?
201 Russ	e11 Δ176	nue					2087	a				Unid	had o	States
11. MARITAL STATUS	CII AVC	12. WAS DECEDE	NT EVER IN U.S. AF		13.				NIC OR	NGIN? (Spe	ocify Yes		14. RAC	E — American Indian.
1 Never Married 2 3 Widowed 4 Dh			1XXVES 2□ WAR OR DATES Var II	40			ectfy Cub			rto Rican,	etc.)		Spec	k, White, etc. Hy: White
15. DE	CEDENT'S EDU	CATION	18a. Di	CEDENTS	USUAL O	CCUPATI	ON			16b. KIND	OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5	- 16	ive kind of Do NOT u	se retired.)	ounng me	DET OF WORK	ang	- 1					
12		4	R	ealto	or					G	SA			
17. FATHER'S NAME (First,	Middle, Lest)						16. MO	THER'S N	AME (FI	irst, Middle,	Maiden S	Surname)		
John Cla	rkson						Pe	arl	Wri	ight				
19e. INFORMANT'S NAME	(Type/Print)		19	b. MAILING	ADDRES	S (Street	and Numb	er or Rural	Route I	Number, Cit	ty or Town	, State, Zi	ip Code)	
Thaddeus	Stepek	ς		617 2	Aster	Во	ulev	ard,	Ro	ckvi	lle.	, Ma:	rvla	nd 20850
20e. METHOD OF DISPOS 1 Durial 2 D Cremat	TION		20b. PLACE	OF DISPO									- City or To	
1 Burlai 2 Cremat		ovel from State	_ Mont		cv Cr	ema	tori	um,	Inc	. 1	Bet	hes	da. M	Maryland
21. SIGNATURE OF FUNEF	AL SERVICE LI	CENSE	1		22.	NAME A	ND ADDR	ESS OF F	ACILITY	Rob	ert	A. 1	Pumpl	rev Funera
1 Nan	ielE	ess	es.	wnnar	Ho	me/	Rock	vill	e,	Inc.	30	00 We	est 1	Montgomery 350-2805
23. PART I. Enter the	diseases, or	complications th	The same of the sa											
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fallure.	a. Bron	et caused the de	monia	not enter									Approximate interval Between
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if arry, leading to imm cause. Enter UNDERL CAUSE (Disease or in	heert failure.	Brot Due To Due	et caused the deuse on each line 1 Chopneu: D (OR AS A CONSE	monia	not enter									Approximate interval Betwee Onset and Des
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shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if arry, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific Cerebro 25. WAS CASE REFERRED EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Network 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 X CE	itions, lediate ying jury st Condition vascula TO MEDICAL Pending investigation Could not be determined	Bron DUE TO DUE TO DUE TO DUE TO C. DUE TO d	of caused the deute on each line 1 Chopneu 1 Chopneu 1 Chopneu 2 Cor as a conse 2 Cor as a conse 2 Cor as a conse 2 Cor as a conse 2 Cor as a conse 3 Cor as a conse 4 Cor as a conse 5 Cor as a conse 6 Cor as a conse 7 Cor as a conse	OUENCE O	In the use of JUHP M	26. PR: raing Hor 28c. RN 1 □ tory, office	PLACE OF THE S IN JURY AT ORK? YES 2 ce	given in DEATH (CResidence	heck on 28d.	I. 24a. 1 □ Other (Spe. DESCRIB) LOCATION City or Tow	WAS AN AN PERFORI	AUTOPSY MED?	24l	Approximate Interval Betwee Onset and Dec 4 Days 4 Days D. WERE AUTOPSY FINDIN ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that inlisted events resulting in death) LA PART II. Other signification of the condition of the cause of	itions, lediate ying jury st To MEDICAL Pending investigation Could not be determined RTIFYING PHYSICAL EXAMINICAL	Bror DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO	of caused the deute on each line 1 Chopneu 1 Chopneu 1 Chopneu 2 Cor as a conse 2 Cor as a conse 2 Cor as a conse 2 Cor as a conse 2 Cor as a conse 3 Cor as a conse 4 Cor as a conse 5 Cor as a conse 6 Cor as a conse 7 Cor as a conse	OUENCE O	In the use of JUHP M	26. PR: raing Hor 28c. RN 1 □ tory, office	PLACE OF The S I JURY AT ORK? YES 2 ce	given in DEATH (GResidence	heck on 6 0 28d.	I. 24a. 1 □ Other (Spe. DESCRIB) LOCATION City or Tow	WAS AN AN PERFORI	AUTOPSY MED? KDNO NJURY OC Ind Number	241 CCURED or or Flural sted.	Approximate Interval Betwee Onset and Dea 4 Days 4 Days 2 WERE AUTOPSY FINDING ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if arry, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific Cerebro 25. WAS CASE REFERRED EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Network 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 X CE	itions, lediate ying jury st To MEDICAL Pending investigation Could not be determined RTIFYING PHYSICAL EXAMINICAL	Bror DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO DUE TO	et caused the deuse on each line 1 Chopneu 1 Chopneu 2 O (OR AS A CONSE 2 O (OR AS A CONSE 2 O (OR AS A CONSE 2 O (OR AS A CONSE 3 O (OR AS A CONSE 4 O (OR AS A CONSE 5 O (OR AS A CONSE 5 O (OR AS A CONSE 5 O (OR AS A CONSE 6 O (OR AS	OUENCE O	In the use of JUHP M	26. PR: raing Hor 28c. RN 1 □ tory, office	PLACE OF The S I JURY AT ORK? YES 2 ce	given in DEATH (CResidence	heck on 6 0 28d.	I. 24a. 1 □ Other (Spe. DESCRIB) LOCATION City or Tow	WAS AN AN PERFORI	AUTOPSY MED? Spiko NJURY OC Ind Number iner as stid due to to	241 CCURED or or Rural steed.	Approximate Interval Betwee Onset and Dea 4 Days 4 Days WERE AUTOPSY FINDING ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that inlisted events resulting in death) LA PART II. Other signification of the condition of the cause of	ittions, lediate ying fury set ondition va scular to MEDICAL. Pending Investigation condition of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of continued artifying Physical Examination of the continued artificati	Bror DUE TO D	et caused the deuse on each line 1 Chopneu 1 Chopneu 2 O (OR AS A CONSE 2 O (OR AS A CONSE 2 O (OR AS A CONSE 2 O (OR AS A CONSE 3 O (OR AS A CONSE 4 O (OR AS A CONSE 5 O (OR AS	monia OUENCE O OUENCE	OTHER	26. PR: raing Hor 28c. RN 1 □ tory, office	PLACE OF The S I JURY AT ORK? YES 2 ce	given in DEATH (GResidence	heck on 6 0 28d.	I. 24a. 1 □ Other (Spe. DESCRIB) LOCATION City or Tow	WAS AN AN PERFORI	AUTOPSY MED? Spiko NJURY OC Ind Number iner as stid due to to	241 CCURED or or Rural steed.	Approximate Interval Betwee Onset and Des 4 Days a. WERE AUTOPSY FINDING ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



DHMH-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SINIL OF I	CE		ICATE OF				EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM G.	COOK						2. DATE OF C	26,	19	9 YEAR	3. TIME OF DEATH 7:00 A. M
	4. SOCIAL SECURITY NUMBER 577-30-7402	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	, Year)		8. BIRTHI	PLACE (State or Foreign) VSYLVANIA
BY FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SHADY GROVE NURSING CENTER ROCKVILLE MONTGOMERY											
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND MONTG				OCKVILLI							10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 5814 RIDGWAY A	VENUE			16	7. ZIP CODE	851			10g. CIT	USA	HAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	Z YES 2 T	10	If yes, s	pecity Cuba	n, Maxica	NIC ORIGIN? (Sin, Puarto Rican y:		or No—	14. RACE Black Specif	- American Indian, Whita, atc. y: WHITE
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	16a. DE (G life.	CEOENT'S ive kind of Do NOT u	work done during mise retired.)	ost of workin	g			NSTR	UCTI(ON
	17. FATHER'S NAME (First, Middle, Last) FREDERICK A.	COOK	1 50	1 11111	NI DIN DIN	18. MOTH	IER'S NA	ME (First, Middle	e, Malden			
TO BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street						,	
ř	MARGARET L. COOK	(WIH			RIDGWAY		UE,	ROCKVI				
	20a. METHOD OF DISPOSITION X							NG, MARYLANI				
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE	2					CLLINS Y BLVD				, INC. SP., MD 2090
CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. 15 Ch; DUE TO b. Ath ti OUE TO c. Pre	COR AS A CONSE	OUENCE CO	Hecer Struio	t De	they	18				interval Between Onset and Death Ayears 3+ years Omonthy
DICAL	PART ii. Other algnificent condition	ns contributing to	death but not i	reaulting	in the underlying	ng cause (given In		PERFOR	17.7	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
:N								1				
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	7 ED/O		OTHER:			neck only one)				
Y PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. Til	JURY W	JURY AT ORK?		28d. DESCRI		NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE O building,	OF INJURY — At he, etc. (Specify)	ome, farm,	street, factory, offi	ca		281. LOCATIO City or To	N (Street : own, State)	and Numbe	r or Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 3.2(0 0)							MBER	29d. DATE SIGNED (Moghn, Day, Year)			
- TO		NAMARA, 5	602 SHI	, , , ,		BETHE	ESDA	, MARY	LAND	208	817	
	31. DATÉ PÎLED (Month, Day, Year)		Davidson A	andell	2.	3	4					



pulified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examples.

	FOR		STATE OF N	MARYLAND /					MENTA	L HYGIEN	IE.	9	113	39
	REGISTRAR			CE	RTIF	ICATE (OF E	DEATH		REG. NO			11	-
	1. DECEDENT'S NAME (First, M.							MONT	OF OEATH	AY	YEAR	3. TIME OF DEA		
	Marie	F.		Cook					Apr	il 6,	1991		6:00	PM
	4. SOCIAL SECURITY NUMBER 209-28-9724		i. SEX	8. AGE (In yrs. les 83	t birthday) YRS.	MONTHS DA		IF UNDER 24 HRS. HOURS MIN.	7. DATE Dec	OF BIRTH	1907	Count	HPLACE (State or F lry) port, R.	
	9a. FACILITY NAME (If not instit	ution, give stree	et and number)			9b. CITY, TO	WN OR	LOCATION OF D	EATH		9c. COU	NTY OF E	-	
DIRECTOR	4951 Cresce		eet			Bet	hes	da			Mon	ntgo	mery	
<u>n</u>		Db. COUNTY			10c. CIT	Y, TOWN OR L	OCATIO	ON .					10d. INSIDE CIT	Y
5	Maryland	Monte	gomery		Bet	hesda							LIMITS?	NO
	10s. STREET AND NUMBER						10f. 2	ZIP CODE			10g. CIT	IZEN DF	WHAT COUNTRY?	
FUNERAL	4951 Crescen	t Stre	et					20816			1	U.S		
ξ	11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	OECE	NDENT OF HISPA		N? (Snecify Ve	or No-		E American Ind	ien
B	1 Never Married 2 Ma 3X Widowed 4 Divorce	erried	FORCES? 1 IF YES, GIVE V	YES 2 24	10	If ye	s, spec	elfy Cuban, Mexico	nn, Puerto	Rican, atc.)		Blac	white, etc.	
	15. DECED (Specify only h	ENT'S EDUCA	TION moleted)	16a. DE	CEDENT'S	USUAL OCCU	JPATION	of workland	161	. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12		College (1-4 or 6	ilfo.	Do NOT us	work done during retired.)	ng must	or working						
릴	12				House	ewife				Own	Home			
õ	17. FATHER'S NAME (First, Midd	lle, Last)						18. MOTHER'S NAME (First, Middle, Maiden Surname)						
	James Porte	The state of the s												
BE	19a. INFORMANT'S NAME (Type													
2	Arthur Tarantino 1815 H Street, N.W., Washington, D.C. 20006													
	20s. METHOD OF OISPOSITION (Name of completor commetter) of 10c LDCATION City of Town State													
	1 Burlei 2 Cremention 3 Removel from State 4 Donation 5 Other (Specify) Gate of Heaven Cemetery Silver Spring, Md.													
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 2 22. NAME AND ADDRESS OF FACILITY													
	DeVol Funeral Home 2222 Wisconsin AVe., N.W., Washington, D.C.													
	23. PARTI. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting to death) Approximate interval Between Onset and Death Cardus pulmon any Arrest.													
	resulting in death)													
	disease or condition resulting in death) Due to (or as a conseduence of): My occaracial Enfarction (pressure)													
8		Sequentially list conditions,												
F	if any, leading to immedia cause. Enter UNDERLYING		552 10	(OII NO A CONSE	JOENOE O	.,.								
CERTIFICATION	CAUSE (Disease or injury that initiated events		OUE TO	(OR AS A CONSE	QUENCE O	F):								
H	resulting in death) LAST													
	PART II. Other significant	conditions	contributing to	death but not i	resulting	In the unde	rlying	cause given in	Part I.		AUTOPSY	24	b. WERE AUTOPSY	FINDINGS
2										PERFO			AMAILABLE PRIOR COMPLETION OF	
									_	1 TYES	2X ND		OF DEATH?	
Σ													1 YES 2	NO
Z														
ਠੁ	25. WAS CASE REFERRED TO I		HOSPITAL:			OTHER:	26. PLA	CE OF OEATH (C	heck only o	ne)				
XS	1 TES 2 NO	1		ER/Outpatient 3		4 - Nursing		5 Residence	6 🗆 Oth	er (Specify)				
Y PHYSICIAN: MEDICAL	27. MANNER DF DEATH 1 Natural 6 Pe	nding restigation	28a. DATE OF (Month, E		26b. TIM	JURY	WOR	RY AT IK? ES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
ВУ	2 Delate		28e. PLACE C	OF INJURY At ho	me, farm,				261, LO	CATION (Street	and Numbe	r or Rumi	Route Number,	
TED		uld not be termined	building,	etc. (Specify)					C/h	or Town, State)			
COMPLETED		YING PHYSICI	AN: To the best of	my knowledge, de	eth occurr	ed at the time	, data a	and place, and du	a to the co	ruse(a) and ma	nner as ste	rted.		
N O				xamination and/or									(a) and manner as	stated.
	295. SIGNATURE AND TITLE O	F CERTIFIER						29c. LICENSE NU	MBER		29d. DA	E SIGNE	D (Month, Day, Year)
B	Gens		ree	0.				1495		CPC	•		0/91	
0								- 3 -	-	-		411	1-1	

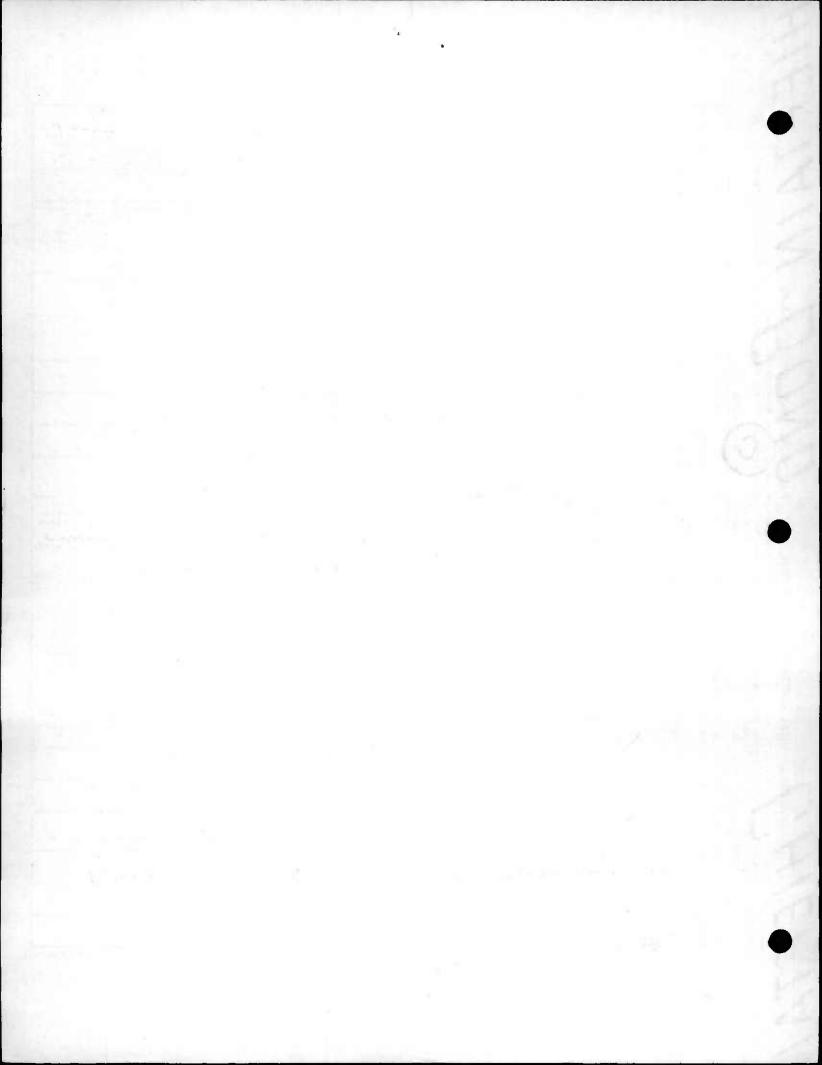
Dennis Cullen,

'91

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

M.D., 5530 Wisconsin Ave., Chevy Chase, Md., Suite 715



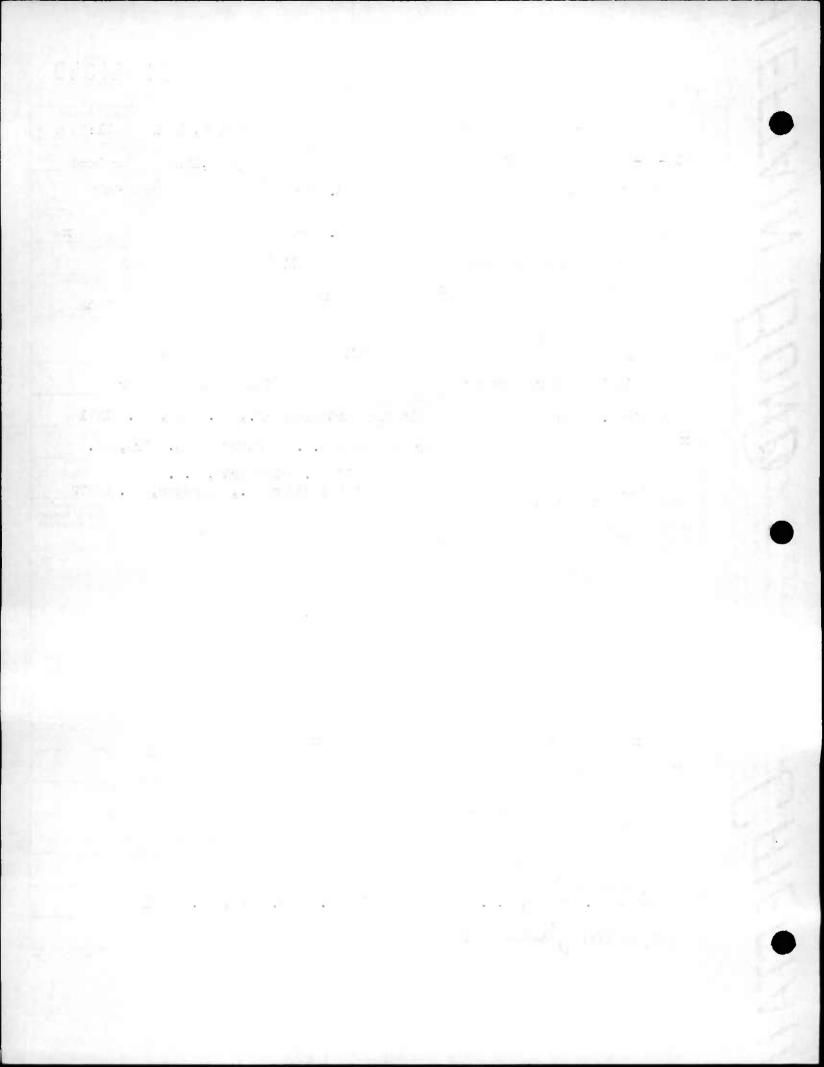
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICA	TE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Mary		2. DATE OF DEATH MONTH April 7, 1991 11:30								
	4. SOCIAL SECURITY NUMBER 217-50-3349	6. SEX	thday) IF U	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, Da		Coun	HPLACE (State or Foreign try) laryland		
OR	9a. FACILITY NAME (II not institution, give a 5023 Old Barth	9b. 0		· Airy		9c. C	ounty of the Frede	DEATH			
딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	1	oc. CITY. TOY	N DR LOCA	TION				10d. INSIDE CITY	
L DIR	Maryland Fr	Maryland Frederick								1 YES 2 KNO	
FUNERAL DIRECTOR	5023 Old Bart					2177			US	WHAT COUNTRY?	
β	11. MARITAL STATUS 1 Nover Married 2 Narried 3 Nidowed 4 Divorced		TEVER IN U.S. ARMEI YES 2 ND WAR OR DATES	Ì	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexica 22 NO Specif	an, Puerto Rica	pecify Yes or No- n, etc.)	Blac	E — American Indian, ck, White, etc.	
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Give A	ENT'S USUA and of work do NOT use retin	L OCCUPATION decided.)	ON ost of working		ID OF BUSINESS	INDUSTRY		
MP	9			House	wife			Own hom	е		
BE CO	17. FATHER'S NAME (First, Middle, Lest) William H			18. MOTHER'S NA	iola .		•) Gambe	r			
10 8	19a. INFORMANT'S NAME (Type/Print) Phyllis L. Shan:				tholows				21771		
	Phyllis L. Shane 5019 Old Bartholows Rd., Mt. Airy, Md. 21771 20a. METHOD OF DISPOSITION 1 K Burlat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or other place) Marvin Chapel U.N. Cemetery Mt. Airy, Md.									Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A.										
	Olli I. W	oleswa	walk 26401 Ridge Rd., Damascus, Md. 20872								
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	use on each line.	D.	-	a	Crem	P		Approximate Interval Between Onset and Death	
MION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
RTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
8		G									
V: MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 ND									Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	heck only one)				
S	1 YES 27 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐		HER: Nursing Hor	ne 530 Residence	6 Other (S)	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 1 Accident Investigation	28a. DATE Of (Month, I	8b. TIME DF INJURY	W	28d. DESCRIBE HOW INJURY OCCURED WORK? 1 YES 2 ND						
	2 Accident 3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS									o(s) end manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTRIE	cc	/ ‹			29c. LICENSE NU 26	MBER 499	29d.	DATE SIGNE	ED (Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WI	ller, M.	SE OF OEATH (ITEM 2	7 (Type, Print) Culw	rell I	r., Mt.	Airy,	Md. 21	771		
	31. DATE FILED (MORTH, Day, 16ar) APR 0 9 1991	Julia Davids	AR'S SIGNATURE		77						

DHMH-16 Rev 1/89

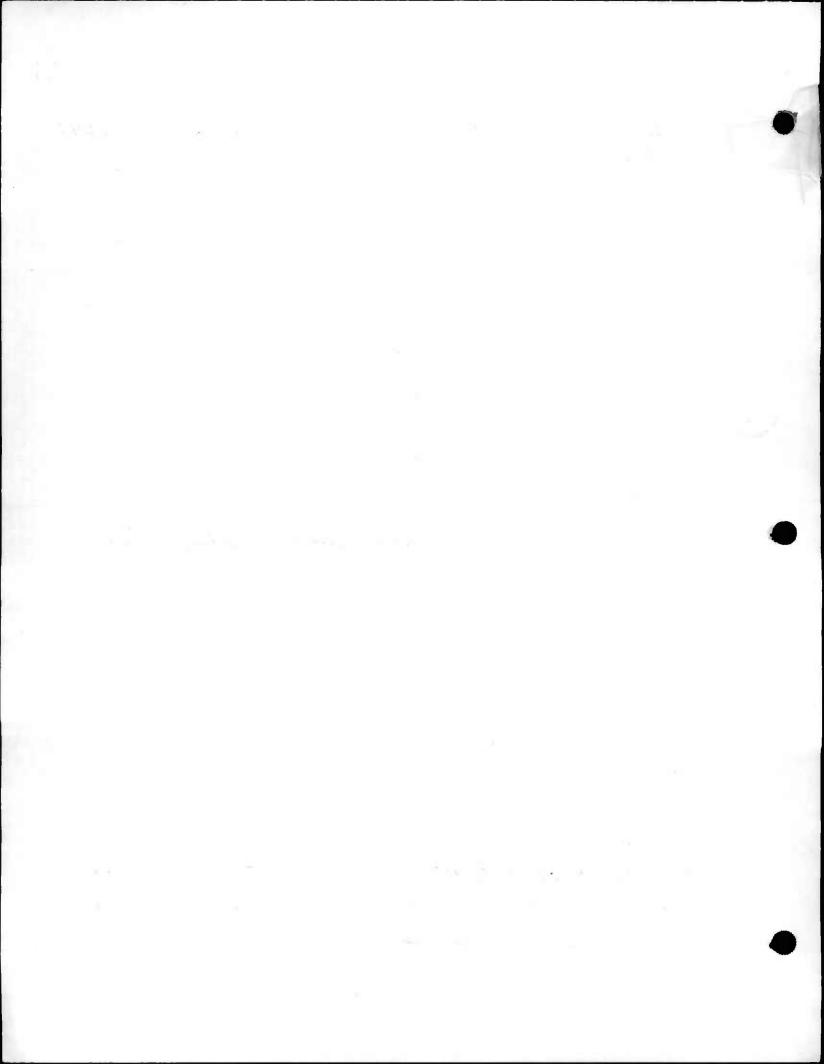
principal by the troopital or attending physician. Is should be detached for use as the burial-transif permit. Pages 1, 2, 3 should ORE, WARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Face is made to present the transfer of the security of the transfer of the security of the secur BALTIM DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 5 may TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 5 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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	REGISTRAR			CRITE	ICALL	. OF	DEATH		HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ERRALD	EDW	EDWARD CI		RUMBLE				2. DATE OF DEATH DAY		YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		MO			1 YEAR DAYS	IF UNDER 24 I	MM.	(Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	219-36-3188	1 2 M 2 🗆 F	50	THS.					2-20-194		MD.	
OR	90. FACILITY NAME (If not institution, give s Frederick Mem	orial HOs	pital			eder	ick ick	OF OEATH			y of oeath derick	
[គួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		I soc CIT	Y, TOWN O	R I OCATI	ION				10d. INSIDE CITY	
DIRE	MD. Fre	derick		100. 011		eder					LIMITS? 1x YES 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 22 W. All Saint	s Street				10f.	2170	1			EN OF WHAT COUNTRY? SA	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. A	OBME					RIGIN? (Specify Yearto Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, etc.	
B≺	1 🔀 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES					Specify:	ierto vicent, etc.)		specify: Black	
	15. OECEDENT'S EDU (Specify only highest grade		16a. Ol	ECEDENT'S	USUAL O	CUPATIO	N st of working		18b. KINO OF BU	SINESS/INOU	STRY	
COMPLETED	Elementery/Secondary (0-12) 1 0 - 1 2	College (1-4 or 5+)	ilite	ASS CI					J. Buss	ard w	orkshop	
BE CON	17. FATHER'S NAME (First, Middle, Last) Lewis E. Crumbl	e					18. MOTHER Naon	'S NAME (First, Middle, Maiden BOWLE	Surname)		
10 B	19a. INFORMANT'S NAME (Type/Print) June Hardy		16	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 26 W. H Street, Brunswick, Md. 21716								
	20sc METHOO OF DISPOSITION 1 SY Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	other p	D. PLACE OF DISPOSITION (Name of camatery, cramatory or other place) 25 thaven Memorial Gardens Frederick, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A			22.0	stadi	or ich	ENER Md	ål Home, 21702	P.O.	Box 1819	
	Johnson !	× Nev	uner	<u>ノ_</u>								
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiretory erreet, shock, or heart failure. Liet only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. ARTERNO SCLER OTIL CARDIN VASCULAR DISEASE											
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A CONSE	OUENCE O	F):							
F	resulting in deeth) LAST	d										
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDIN											
EDICAL	PART II. Other eignificent condition	eeth but not	out not resulting in the underlying couse given in Part i.					24e. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ă									1 TYES	□ NO	OF DEATH?	
Σ						.		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	<u> </u>				0.6 PM	ACE OF OFA	N Charles	ah asa)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outpetient	2 🗆 004	OTHER	3:	ACE OF OEAT					
Η̈́	27. MANNER OF DEATH	28a. DATE OF	NJURY	28b. TIM	E OF				Other (Specify)	INJURY OCCU	JREO	
ву Р	2 Accident investigation M 1 YES 2 NO											
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
E		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
COMPLET	(Check only 1 CERTIFYING PHYS											
O BE COMPLETED	(Check only 1 CERTIFYING PHYS	ER: On the beals of ex	mination and/or	investigation	on, in my d	pinion, d	leath occured	at the time	o, data and place, a	due to the	cause(s) and manner as stated.	
ш	(Check only one) 2 MEDICAL EXAMINI 290-STONATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	ER: On the beats of ex	mination and/or	investigation	on, in my d	pinion, d	leath occured	at the time	o, data and place, a	due to the	cause(s) and manner as stated.	
B	(Check only one) 2 MEDICAL EXAMINI 290-STONATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	ER: On the beals of ex. R R HO COMPLETED CAUS 32. REGISTRAI	to ME OF DEATH (ITE	EM 27) (Type	on, in my o	pinion, d	leath occured	at the time	o, data and place, a	due to the		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. As find within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERA	IMPORTANT: 1

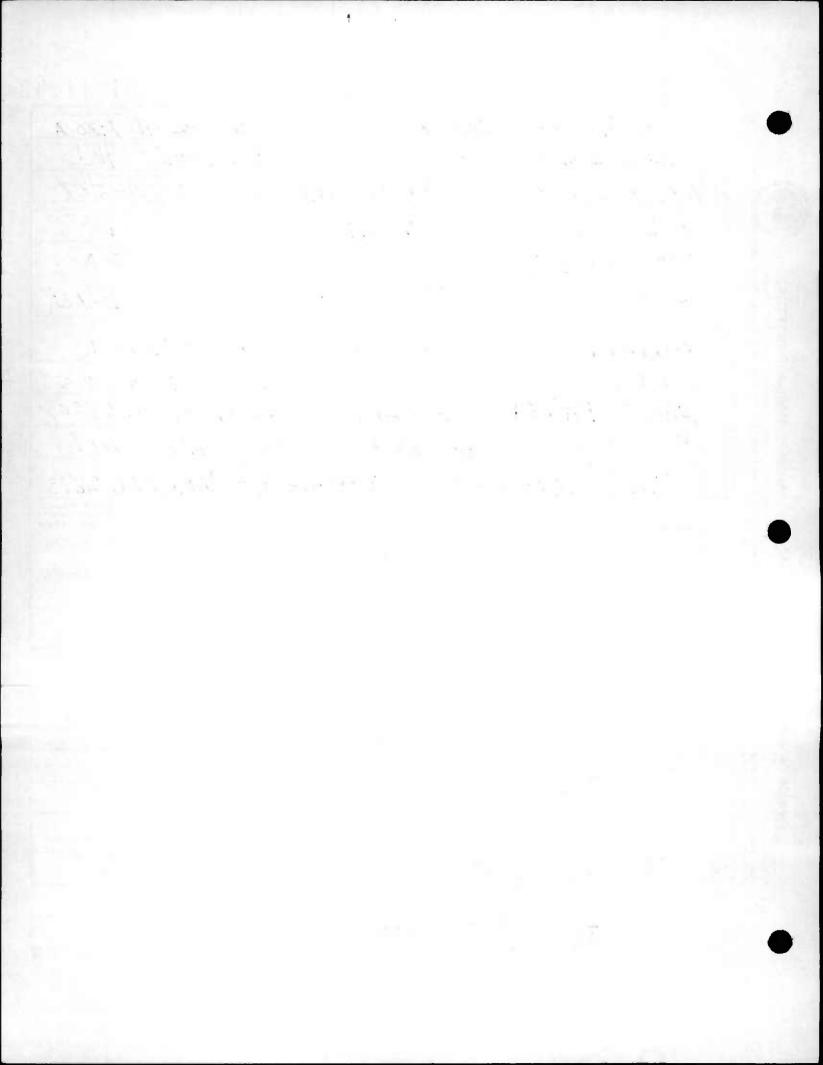
	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	91 1134					
	1. DECEDENT'S NAME (First, Middle, Last) SYLVESTE	R CAMPER		2. DATE OF DEATH DAY	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 214-07-85-44	RITY NUMBER 8. SEX 8. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH COLUMN COL								
TOR	96. FACILITY NAME (If not institution, give str MALLA BARRIERS	OCHESTER								
DIRECTOR	10a. STATE 10b. COUNTY NO. PAR	CHESTER CA		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER	t.	101. ZIP CODE	1613 10g. CITIZE	N OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Noveldowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	n, Puerto Rican, etc.)	I. RACE — American Indian, Black, White, etc. Specify BLA					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) College (14 or 5+) LINO THE WEWS PAPE									
BE CON	18. MOTHER'S NAME (First, Middle, Maldon Surname) BEALEY CAMPER 18. MOTHER'S NAME (First, Middle, Maldon Surname) ELiZABETH TRAVERS									
10	MABLE BAI	LEY 31/0-	ADDRESS (Street and Number of Rural FA RVIEW	Route Number, City or Town, State, Zip C	2 2/207					
	20e. METHOD OF DISPOSITION 1 La Buriel 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	BETHE	SITION (Name of cometery cremetory or	M CAMB	y or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICE	Boarelley	Boardley	F/H CAMB.	ML 21613					
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final	omplications that caused the death. Do s List only one cause on each line.	not enter the mode of dying, aud	ch as cardiec or respiratory afree	Approximate interval Between Onset and Death					
	disease or condition a. Possible as pure on Due to (or as a consequence of):									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	F):							
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. CLUL PLYER CAUSEURE (1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO									
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (CA	neck only one)						
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 28s. DATE OF INJURY 28b. TIN	4 - Nursing Home 5 - Residence	8 Other (Specify)	RED					
В	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year) IN. 28e. PLACE OF INJURY — At home, farm,	M 1 YES 2 NO		BG, DESCRIBE HOW INJURY OCCURED					
ETED	3 Suicide 8 Could not be determined	281. LOCATION (Street and Number of City or Town, State)	r Rural Houte Number,							
COMPLET	anal and	CIAN: To the best of my knowledge, death occurr R: On the basis of examination and/or investigation								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Trench	29c. LICENSE NU	MBER 29d. DATE :	SIGNED (Month, Day, Year)					
5	30, NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type	Print)	. / /	11-29					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
GUNA DAVIDSON-Randelle

31. DATE FILED (Month, Day, 1591

DHMH-16 Rev 1/89



3. TIME OF DEATH

7:17 pm

Alice / Cramer

2. DATE OF DEATH

4

DAY

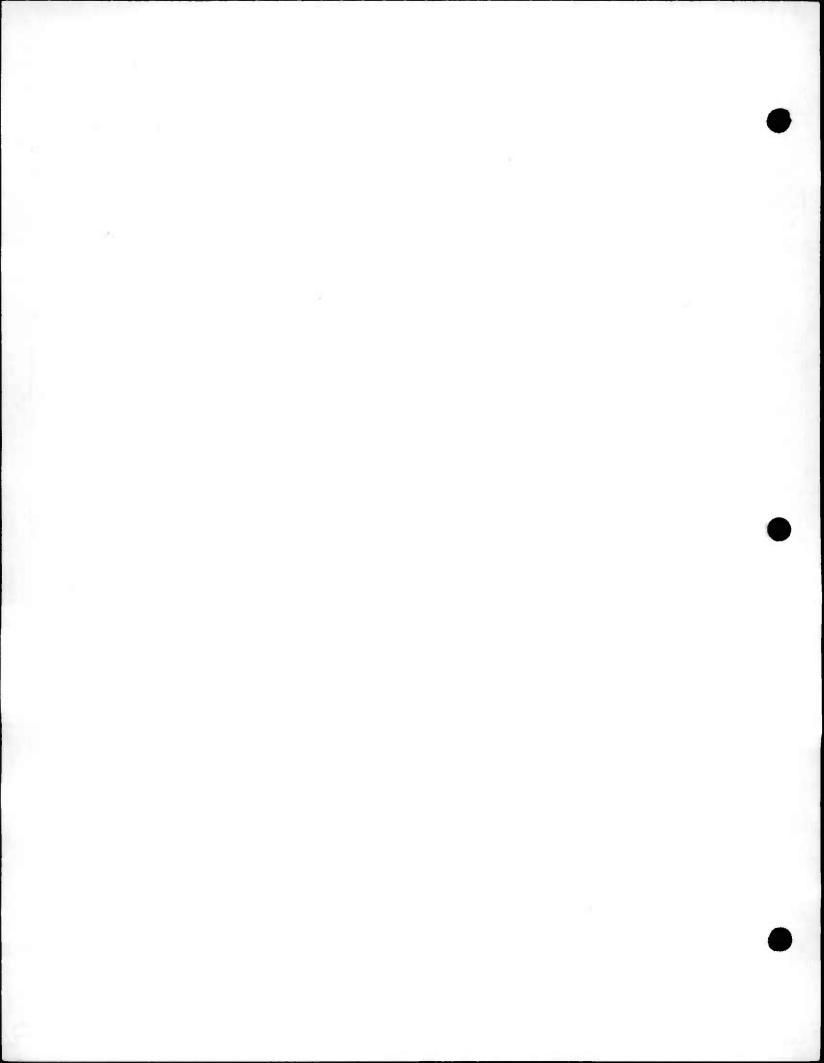
9

YEAR

91

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 XF 078-03-5791 6-14-05 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Berlin Nursing Home Berlin, Md. Worcester RESIDENCE OF DECEDENT 10a, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Arlington Arlington Va. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22209 after death, Page 6 may be retained by the hospital or attending physician, by the funeral director, page 5 should be detached for use as the burial-transit North Rhodes Street USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Pu 1 TES 2 NO Specify: 1 Never Married 2 Married Specify: White BΥ 3 Widowed 4 Divorced LETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+) COMPL At. Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Zetta Barrett Ħ Ethelbert Van Wyck BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Jack V. Cramer 9032 Ocean Pines Berlin, Md., 21811 20a. METHOD OF DISPOSITION

2 The Command of Disposition and Disposition State of the Disposition and Disposit be 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State must 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify) Salisbury, Md. Salishury Crematory 21. SIGNATURE OF FUNENAL SERVICE LICENSEI examiner 22. NAME AND ADDRESS OF FACILITY Ullrich Funeral Home Berlin, Md. removal. medical 23. PART I. Entar tha diseases, or complications that ceuead the death. Do not anter the mode of dying, such se cerdisc or respiratory errest, filled in by 1 Approximate shock, Dr heart fellure. Liet pnly pne cause on sech line. interval Between Onset and Deeth **IMMEDIATE CAUSE (Finel** completely filler rial, cremation, o Broncho Paewomin the disesse or condition resulting in death) Z executed within event, DUE TO (OR AS A CONSEQUENCE OF): BOX 13146, and com o burial, c Balenius dein traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING attending physician a certificate be Conin m Paky Dis CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa 85-DIVISION OF VITAL RECORDS, P.O. resulting in deeth) LAST 6 the death the atten injury. PART ii. Other algorificant conditions contributing to death but not resulting in the underlying ceues given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO that any COMPLETION OF CAUSE 1 YES 2 NO Shows 1 YES 2 NO certificate has been h the State Dept. of i PHYSICIAN: ME 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The Item OTHER:
4 X Nursing Homa 5 - Residence 6 - Other (Specify) HOSPITAL OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED this c marked, 1 XNetural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After to hours after death in tem 28 is man BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, date and place, and due to the cause(a) and menner as stated. 256. SIGNATURBYAND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE D02026 ▶ 4/10/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (July Print) Federico G. Arthes, MD 21811 #1622A Ocean Pines, Berlin, MD 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) '91 whia Davidson-Randala



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OSEPH

31. DATE FILED (Month, Day, Year) APR 11 91

HAGGERTY

	FOR	CTATE OF MADVIAND	/ DEDAR	THENT OF I	FAITH AND B	JENTAL LIVOLEN	9		11341	1	
-	1 - STATE REGISTRAR		ERTIFI	CATE OF		REG. NO.	E .				
	1. DECEDENT'S NAME (First, Middle, Last)	GUY USHER	. С	OGSWELL		2. DATE OF DEATH DO		YEAR	ME OF DEATH	ايا	
	4. SOCIAL SECUR/TY NUMBER 5.	SEX 6. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC	CE (State or Foreign	- k	
2	214-18-8363 1 1 9e. FACILITY NAME (If not institution, give street	**		9b. CITY, TOWN C	R LOCATION OF DE	DEC. 30,		WASHI Y OF DEATH	INGTON, D		
S.	SHADY GROVE AI	DVENTIST HOSPI	TAL	ROCKV	LLE		MONT	IGOME	RY		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARYLAND MONTGOI	MEDA		TLVER SI				. INSIDE CITY LIMITS? YES 2 X NO			
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										
FUNERAL	1 Never Merried 2 Nerried	ROAD N. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 IF YES. GIVE WAR OR DATES	RMED NO	If yes, sp	20906 ENDENT OF HISPAN solfty Cuben, Mexical 2 ANO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	or No— 1	USA 4. RACE — A Black, Wh			
) BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES							WHITE		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondery (0-12) C	npleted) (1 College (1-4 or 5 +)	ECEDENT'S Give kind of w ie. Do NOT us INGINE		DN at of working	TELEPH		STRY			
OM	17. FATHER'S NAME (First, Middle, Last)	4 1 1	MOINE	LIK	16. MOTHER'S NA	ME (First, Middle, Maiden		-			
BEC	GUY USHER	COGSWELL			LILLIA	AN		HUTO	CHINSON		
TO BE COM	190. INFORMANT'S NAME (Type/Print) ELIZABETH M. COGS!					Route Number, City or You SILVER SPR			AND 2090	16	
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremetton 3 Removal 4 Donation 5 Other (Special	I from State other p	place)	HEAVEN	CEMETERY	SI	CATION — CI		State G. MARYL	AN	
	21. SIGNATURE OF FUNERAL SERVICE SCENE	Buster		FRAN		OLLINS FUN TY BLVD.,		-		209	
	23. PART I. Enter the diseases, or com- shock, or heart fallure. Lie								Approximate Interval Between	een	
# H	shock, or heart failure. Liet only one capies on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in death) But To lor AS A CONSCOUENCE OF:										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OI	F):							
CER	d										
: MEDICAL	PART II. Other significent conditions of	contributing to deeth but not	resulting	in the underlyin	g cause given in	Part I. 24a. WAS AF PERFO	RMED?	AM COI OF	RE AUTOPSY FINDII VILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 \cap NO		
AN: M									ee		
SICI		IOSPITAL:	3 🗆 DOA	OTHER:	LACE OF DEATH (Ch	8 Other (Specify)				_	
PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28d. DESCRIBE HOW	INJURY OCC	URED							
TED	3 Suicide 8 Could not be building, atc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28. LOCATION (Street and Number or Rural Route City or Yown, State)										
COMPLET	cont only	N: To the best of my knowledge, on the terms of exemination end/o							d menner ee atate	d.	
BE BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ame)		29c. LICENSE NU	MBER 407	29d, DATE	SIGNED (M	onth, Day, Year)		
■ 2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type	, Print)	110			112	1.3	_	

14808 PAYSICI
32. REGISTRAP'S SIGNATURE
GUMA DAVIDON PANDELL

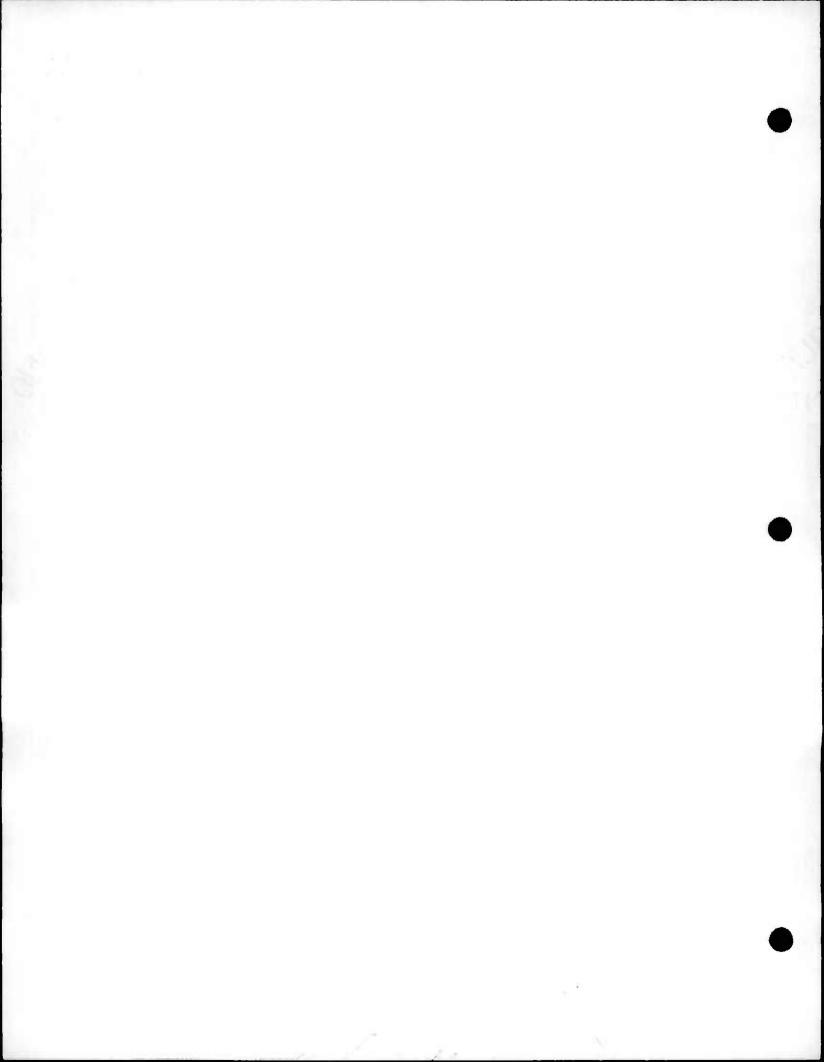
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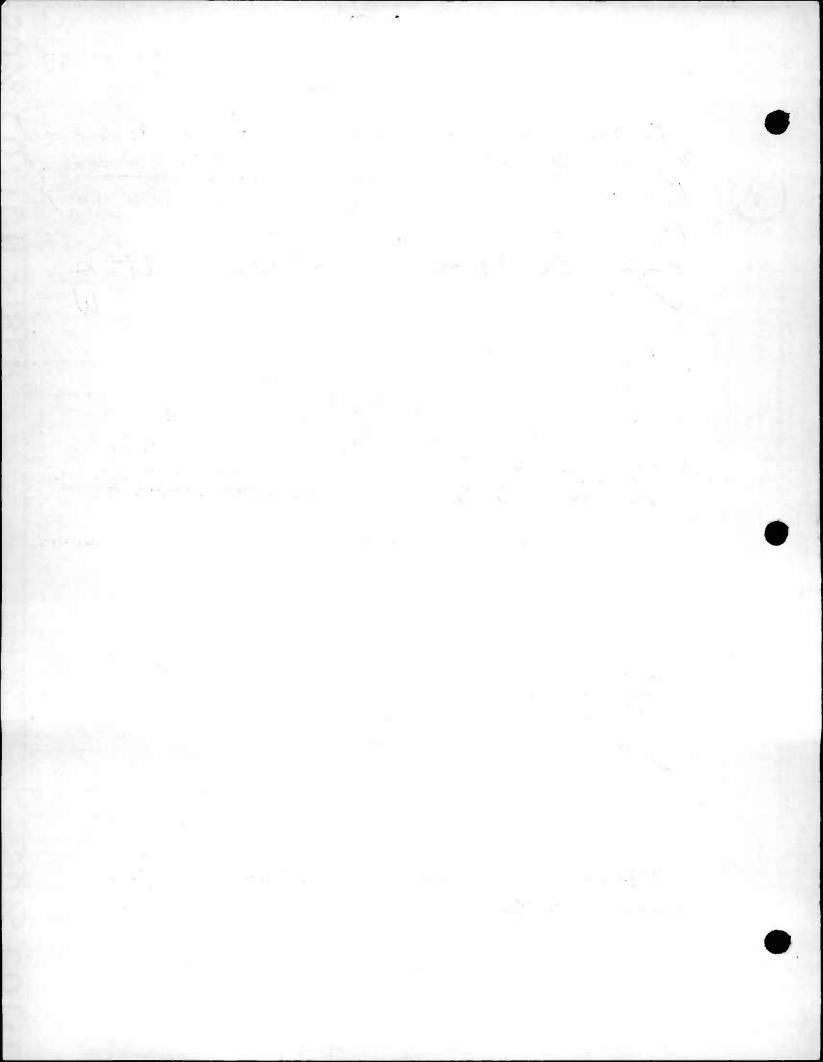
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ROCKVILLE, MD



31. DATE FILED (Month, Day, Year)
APR 1 5 91

		1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTA	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)		C	IOAIL OI	DEATH		OF DEATH		3. an	TIME OF DEATH
		nose	C (Cors	on		MONT	6	9	7	0:25 A M
		11 0 27 0-1	S. SEX 8. AGE (III	yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	8.1	Country	CE (State or Foreign
1		9a. FACILITY NAME (If not institution, give street		7 / Ths.	9b. CITY. TOWN	OR LOCATION OF DE	5/	30/1	8731/ 1 9c. COUNTY	and her	Russia
(()	E C	177)	ing Center	· ·	2/1/1	11 (ine	Hen	Hos	rte	oncus
(Gire)	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCA	TION		1	11.0.18	1	I. INSIDE CITY
2	DIRECTOR	md mon	tamenu	5	1110	Sor	In	2			LIMITS?
permit.	AL AL	10e. STREET AND NUMBER	gandy	· ·	10	OI. ZIP CODE	. >		10g. CITIZEN		
1st	FUNER	3227 00	Ifre K	d		2090	26		1	15	A
21203-3146 Ital or attending physician. I for use as the burial-transit	BY FU	11. MARITAL STATUS 1 News Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 [A] NO Specif	n, Puerto		s or No 14.	PACE — Black, Wi Specify:	American Indian, hile, atc. Hite
attend	윤	15. DECEDENT'S EDUCA (Specify only highest grade co		tea. DECEDENT'S	USUAL OCCUPATI	ION lost of working	160	. KIND OF BU	SINESS/INDUST	FIY	
	ET	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+) Unknown	нь. Do NOT us Нотета	vork done during m re retired.)			Home			
AND 2. the hospital detached to	COMP	17. FATHER'S NAME (First, Middle, Last)	UIKAOWII	пошема	Kei	16. MOTHER'S NA	ME (First.		Sumame)		
Pe de la la la la la la la la la la la la la	111	Neiman Callen				Ida Mi					
be retained by the hospit ge 5 should be detached	2	196. INFORMANT'S NAME (Type/Print) Ruth C. Bell				and Number or Rural Drive Si				209	002
S may tor, pa		20a. METHOD OF INSPOSITION t	al form Ctota	other piecel		emetery, cremetory or ton Crema	tory		aurel,		
ALTIMO death. Page (e funeral direc d.		21. MONATURE OF FUNERAL SERVICE LICES				AND ADDRESS OF FA	CILITY		uneral		
	<	* / alalet	Voaker	/	7601	Sandy Sp					
af y		23. PART I. Enter the diseasee, or co shock, or heert fellure. Li	mplications that caused	the deeth. Do r	not enter the m	ode of dying, euc	h ea car	dlec or reep	iratory arreet	,	Approximate Interval Between
filled in the on. or rei		IMMEDIATE CAUSE (Finel									Onset and Death
		disease or condition resulting in death) a.	DUE TO (OR AS A			F (MIN FIRES.
4 8 9			202 10 (011 10 1	0011020421102	. , .						
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
m 5 4 5 5	ICA	CAUSE (Disease or injury	OUE TO (OR AS A	CONSEQUENCE O	Đ.						
death certificate attending physiental Hygiene pri	BTI	that initieted eventa resulting in deeth) LAST	000 10 (011 10 1	OUTOE OF	. ,.						
the death certify by the attending point of Mental Hygien inlury, or oth		PART II. Other algnificent conditions	contributing to death by	ut not regulation	In the underlyle	na causa aluma In	Part I	24e. WAS AF	ALTYMEY	245 WE	RE AUTOPSY FINDINGS
- 56 -	MEDICAL	STROKE	contributing to deeth be	at not readiting	in the underlyii	ng ceuse given in	Part I.	PERFO	RMED?	AW	AILABLE PRIOR TO MPLETION OF CAUSE
Si jes jes jes jes jes jes jes jes jes jes	Œ	AGATIC STENDS	L _K					1 🗌 YES	2 (3PNU		DEATH?
The Party of the		ATHERESELECTION	Ŋ.								
at the B		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. f	PLACE OF DEATH (C)	neck only o	ne)			
Clay Chartiff	IXSI	1 YES 2 JANO 27, MANNER OF DEATH	28a, DATE OF INJURY	atient 3 DOA	4 Nursing Ho	me 5 Rasidenca			INJURY OCCUR	ED	
O HE STATE O	Y P	1 Netural 5 Pending	(Month, Day, Year)		JURY W	YES 2 NO	200. DE	GOTTLE TOW	moon occor		
ATTENDING FECTOR: After S after death	0	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, off	ice		CATION (Street or Yown, State	and Number or	Rural Rout	Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death	ш	4 Homicide determined							, 		
로 로 전 ==	3	one)	AN: To the best of my knowledge. On the basis of examination							suse(a) sn	d manner as stated.
TO THE HOSPI TO THE FUNER DE filed within	E C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE S	IGNED (Mo	onth, Day, Year)
TO THE De filed	TO 13	noterus		Au 97		0319	18		24//8	0/91	r
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type LETSUK	Print)	9 1200	SIC	ver Je	PAINE W	up :	16436
		31. DATE FILED (Month, Day, Year)	22 REGISTRAR'S SIGNA	TURE							

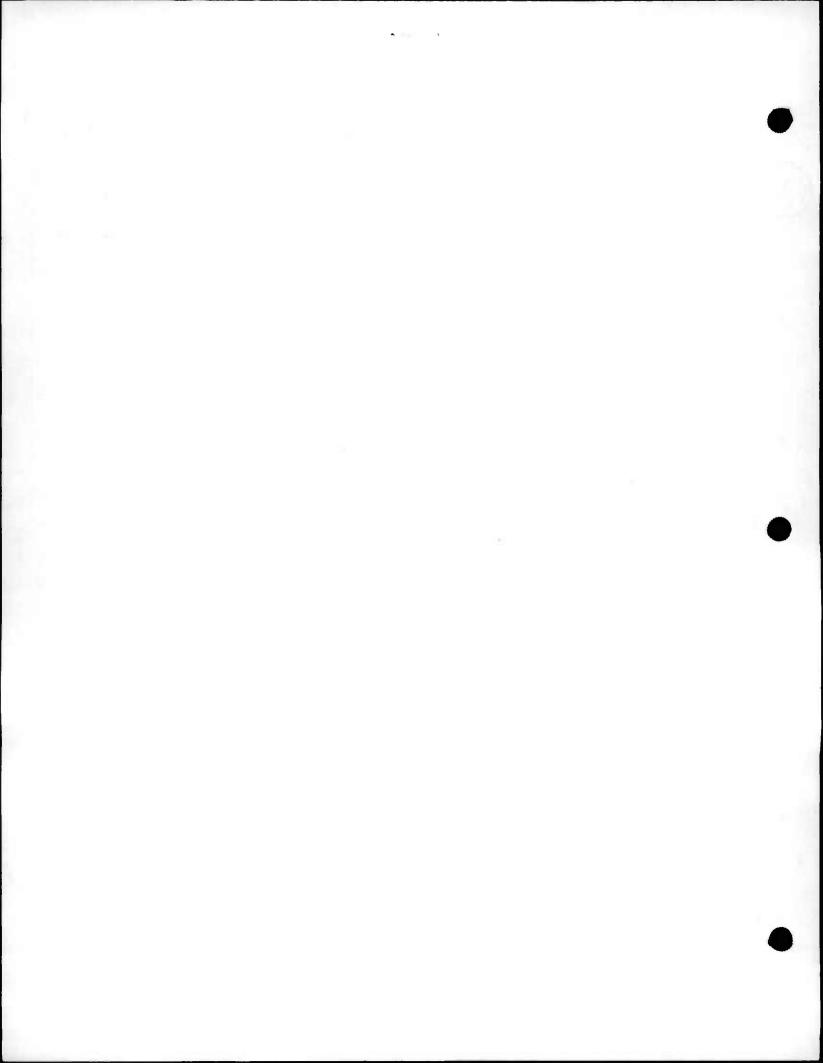


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extrangle email. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page that under a completely made the completely and Manual Humana Information to burial cremation, or remained to respect to the completely and Manual Humana Information to burial cremation.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)	Hooper		Panda		2. OATE OF OEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
			AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign		
	10 11 20 42	1 □ M 2 🂢 F	84 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-12-1	907 Ne	w Jersey		
DIRECTOR	9a. FACILITY NAME (It not institution, give stre LORILIN NUMSIM AND RESIDENCE OF DECEDENT	Rehabilite	tion Center	Colum	bia	ATH	9c. COUNTY OF	1		
JEC.	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
FUNERAL	6334 CedAR LA	ne			21044		· 45	SA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 YNO	If yes, spe		IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.) :	BI	CE American Indian, ack, White, atc. ecity:		
	15. OECEOENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPATION	N .	16b. KIND OF BUS	l SINESS/INDUSTRY	White		
COMPLETED	(Specify only highest grade c	College (1-4 or 5+)	IIIe. Do NOT u		st or working	Coucon	rant			
OMP	12 17. FATHER'S NAME (First, Middle, Lest)	0	Loain	g Clerk	16 MOTHER'S NA	Govern				
BE C(Elmer Hooper					eth Cubber				
TO B	190. INFORMANT'S NAME (Type/Print) Charles C. Canada			Lairds H		Route Number, City or Yow larksville		1029		
			20b. PLACE OF DISPO				CATION — City or			
!	28a. METHOO OF DISPOSITION 1	ral from State	other place)			atory Laur		iowi, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	DE 1	1		Funeral	Home, Inc	L			
\Box	/ Calalle	Tullas	del	7601	Sandy Sp	ring Road	Laure	1, HD 20707		
	23. PART Enter the diseases, proceshock, pr heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only ona cours	on such line. Strok	e	da of dylng, auc	h aa cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	PF):						
	PART II. Other significant conditions	contributing to da	ath but not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS		
MEDICAL						1 TES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
						_		1 🗌 YES 2 🗌 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26_P4	ACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	NOutpatient 3 DOA	OTHER:		6 Other (Specify)				
PHYSICIAN:	27. MANNEB-OF DEATH 1 Natural 5 Pending	26e. DATE OF INJ (Month, Day,		ME OF 28c. INJ JURY WO	URY AT	26d. DEŞCRIBE HOW I	NJURY OCCURED			
B	2 Accident Investigation	26e. PLACE OF IN	JURY — At home, farm,		YES 2 NO	26f, LOCATION (Street	and Number or Rus	al Route Number		
9	4 Homicide 6 Could not be	building, atc.	. (Specify)	,,,,		City or Town, State)		ar visual respons		
COMPLETED	Torroom only					to the cause(e) end me		se(s) and menner se stated.		
E C	296. SIGNATURE AND TITLE OF CENTIFIER	4-/			29c. LICENSE NUI			IED (Month, Døý, Year)		
10 B	Jen/1	Rock			P225	F7		115/51		
F	30. NAME AND ADDRESS OF PERSON WHO	1.	OF OEATH (ITEM 27) (Typ		itent	66	m/i			
	31. DATE FILEO (Month, Day, Year) APR 1 5 91	32. REGISTRAR'S								



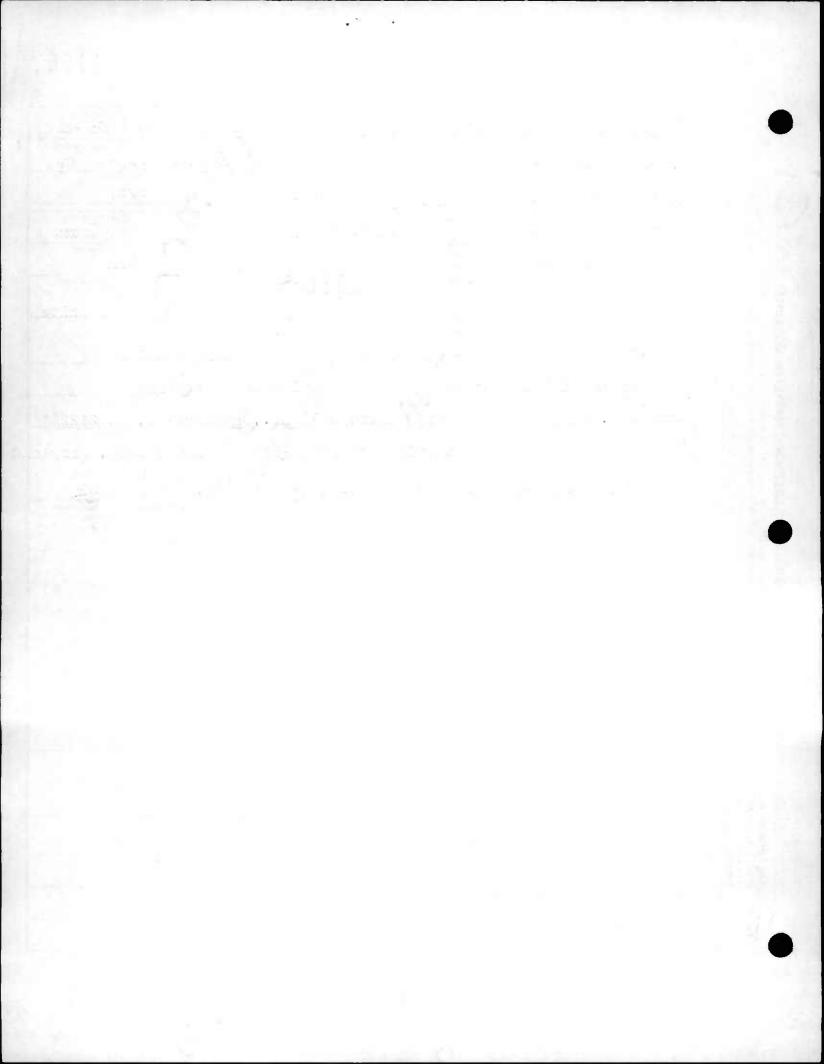


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	212-01-	7945	1 X M 2 🗆 F	78	YRS. MONTHS	B DAYS	HOURS MIN.	9-05			LTO. Co.
Œ	Saint Agi	stitution, give str	eet end number)		7.5		MORE	EATH	9c. C0	n/	
ECTOR	10e. STATE	10b. COUNTY			10c. CITY, TOWN	N OR LOCATI	ON				10d. INSIDE CITY LIMITS?
L DIR	Maryland 100. STREET AND NUMBER	How	ard		Ell		t City	1774	10a C	ITIZEN OF	1 YES 2 NO
FUNERAL	3928 Hun							1043		U	SA
BY FUI	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Dive	-	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1		If yes, spe		NIC ORIGIN? (Spec in, Puerto Rican, e y:			E — Amarican Indian, ik, White, etc. offy: White
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COMPL	17. FATHER'S NAME (First, A		haal Ch		22 001100			AME (First, Middle, I	Maiden Surname)	11
TO BE	19e. INFORMANT'S NAME (Type/Print)	hael Ch	19	b. MAJLING ADDRE		nd Number or Rural		or Town, State,	Zip Code)	
	Gerald J.		ce		of Disposition				nsvil.		MD 21228
	1 X Buriel 2 Cremati 4 Donation 5 Othe	on 3 🗆 Remo		other pi	eview N	lemor	ial Pa	rk	Elder	rshu	ro. Mary
	21, SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	Q MC	00535	22. N 1552 AL	Ellico	tt City	ck Fur	nera.	l Home nd 21033
N	IMMEDIATE CAUSE (FI disease or condition resulting in death)	neart fallure.	e. DUE TO	of caused the delegation each line	eath. Do not entered to some second	ter the mod	de of dying, su	ch as cardiec or	respiratory	arrest,	Approximats interval Betwee Onset end De
RTIFICATION	shock, or I IMMEDIATE CAUSE (Fi disease or condition_	tions, diate	DUE TO	et caused the deuse on each line	eath. Do not entered to the course of:	ter the mod	de of dying, su	ch as cardiec or	respiratory	arrest,	Approximats interval Betwee Onset end De
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



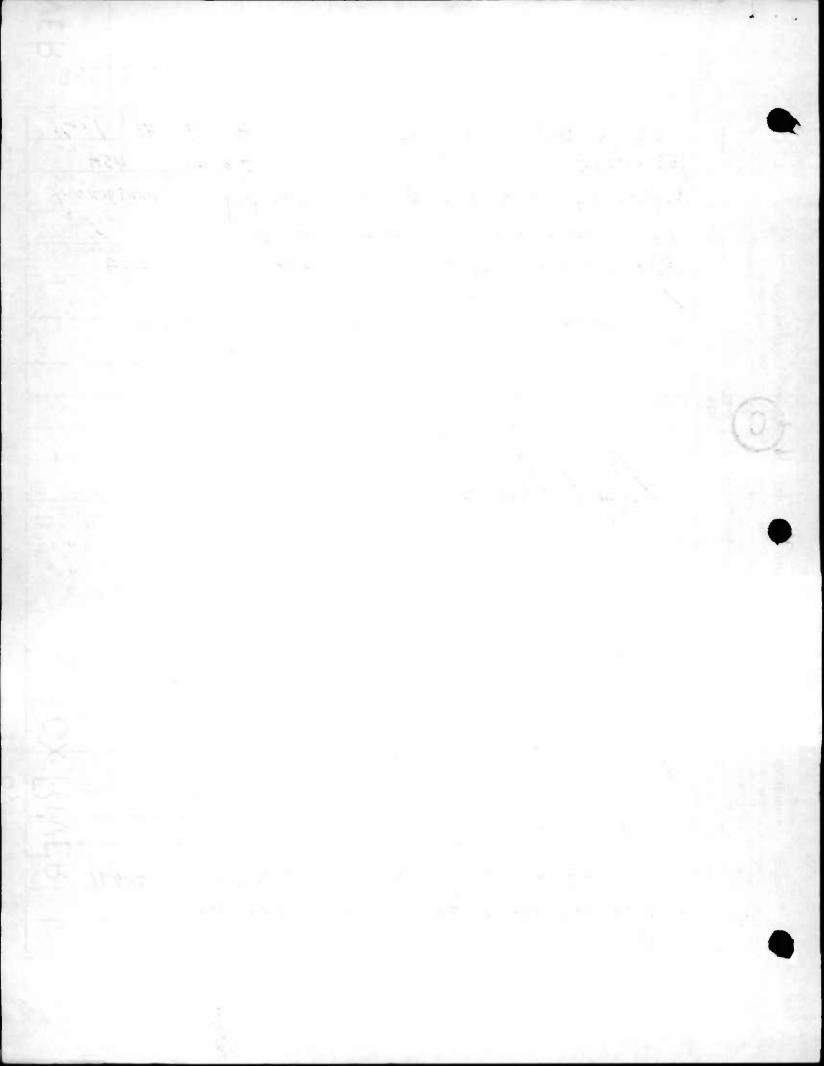
BALTIMONE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral dime, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	george Ha	rold. De	lormo			H 6	9 PAR	112 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) #FU YRS. MONT			ATE OF BIRTH Month, Day, Year)	8. BIRT Coul	THPLACE (State or Foreign nitry)		
8	9a. FACILITY NAME (If not institution, give stre	500 Folest	4	CITY, TOWH OR LO	Silver So		ec. COUNTY OF	t gomery		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY		
	ma monte	onery	Ail	101, ZIP	pring	,	10g CITIZEN OF	1 VES 2 NO		
FUNERAL	13704 SterNOO	d Forest	<i>t</i> -	101, 211	20904		μ	5A		
B	11. MARITAL STATUS 1	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D 2/20/57 —	2 NO	If yes, specify	ENT OF HISPANIC O Cuben, Maxican, Pu XNO Specify:	RIGIN? (Specify Yea o serto Rican, atc.)	Bia	CE — American Indian, ack, White, atc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 0-12	ATION ompleted) College (1-4 or 5+)	16a. OECEOENT'S USUI (Give kind of work of life. Do NOT use reti Lt. Col.,	lone during most of red.)		U.S. Air				
	17. FATHER'S NAME (First, Middle, Last) George H. DeLorme	e, Sr.		18.	4 10	I First, Middle, Meiden St Stina Fra		malik		
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. Rene J. Affor	urtit			umber or Rural Route	Number, City or Town, bel Islan	State, Zip Code)	33957		
	20s. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Ramov 4 Donation 5 9frer (Specify)		APTIL 15,	high gel Te	Cemetery		ngton,			
	21. SIGNATURE OF THERAL SERVICE INC	Klualdi	/ .	22. NAME AND ADDRESS OF FACILITY. Hines/Kinaldi Funeral Home 11800 New Hampshire Ave., Sil. Sp. MD						
T	23. PART i. Enter the diseases, or co shock, or heart failure. Li	emplications that cause ist only one cause on o	ed the death. Do not a		-			Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death		
	e. SHOW DUE TO (OR AS A CONSEQUENCE OF):									
	teaching in death)	DUE TO (OR AS	A CONSEQUENCE OF):	1 I label	C.M	.54/.7		1 40		
TION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	cure	CBI	cur		142		
RTIFICATION	Sequentially list conditions,	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF):	Cunc Lund	C Bi	cur		142		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKIIF	ICALE	: OF	DEA	П	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DAY		YEAR	TIME OF DEATH
	Dorothy M. Don								April				7:15 AMM
	4. SOCIAL SECURITY NUMBER 186-46-7963	5. SEX	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURA	24 HRS.	7. DATE OF B (Month, Day 3/26/	1912	14	8. BIRTHPL Country) Ohi	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH							TY OF DEAT	
œ	7604 Camberford P				Rockville					Montgomery			
6	RESIDENCE OF DECEDENT	1466			NOC	KVII	Te_				Monte	gomer	у
	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ION					10	d. INSIDE CITY
. DIRECTOR	Md. Montg	omery		Roc	ckville								LIMITS? X YES 2 NO
₹I	10e. STREET AND NUMBER				10f. ZIP COOE				10g. CITIZEN OF WHA			AT COUNTRY?	
E	7604 Camberford P				20855				_	U.S.	A.		
5	11. MARITAL STATUS	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Sp n, Puerio Rican	ecify Yee	or No	14. RACE	- American Indian, Vhite, atc.	
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES	NO			2 ₹ NO			, atc.)			White
COMPLETED	15. DECEDENT'S EDU	ICATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	O OF BUS	INESS/INDU	JSTRY	
E	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5		Give kind of a. Do NOT u	se retired.)	during mo	st of worki	ng					
립	12	"	Hom	emak	er			н	ome				
⋛	17, FATHER'S NAME (First, Middle, Last)						16 MOT	HED'S NA	ME (First, Middle		Sumamal		
	Theophile Stocker									ournamey			
BE				27 0111		1907-2			. Conk				
2	19a. INFORMANT'S NAME (Type/Print)					,			Route Number, C		,		
	Mrs. Mary McNamar	a							ockvil	1e, 1	Md. 2	20855	
- 14	20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem	novel from State	other r	OF DISPO						20c. LOC	CATION — C	illy or Town	, Stata
	4 🗆 Donation 5 🗔 Other (Specify)	- Total Holli State	_ Glen	Dybe	rry (Ceme	tery			Hone	esda1	e Pa	. 18431
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF DEVOL Funer					CILITY				
	Daly Fil	11/26	,										20877
	John .			10 East Deer Park Dr.						r. Ga	aithe	rsbui	rg Md.
	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final											Approximata interval Between Onset and Death 8 months	
MEDICAL CERTIFICATION	Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST												!
S		d									-	1	
7	PART II. Other eignificent condition	ns contributing to	daath but not	resulting	In the ur	ndariyin	g cause	given in	Part I. 24a	. WAS AN			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
2									10	YES 2		0	OMPLETION OF CAUSE
									'	J 120 2	M) NO		F DEATH?
					-				- 1			1 '	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T											
PHYSICIAN:	EXAMINER?	HOSPITAL:	N= 2 3		OTHE	R:			eck only one)				
YS	1XXVES 2 NO	1 Inpatient 2		_				esidence	8 - Other (Sp				
표	27. MANNER OF DEATH	28a. DATE Of (Month, I	F INJURY Day, Year)	26b. TIR	AE OF JURY	28c. IN. W	JURY AT ORK?		28d. DESCRIE	BE HOW IN	JURY OCC	URED	
B≺	1 X Natural 5 Pending 2 Accident investigation				M	1 🗆	YES 2	□ NO					
	3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At I	ome, farm,	street, fac	tory, offic	:0		26f. LOCATIO		nd Number	or Rural Rou	ite Number,
<u>=</u>	4 Homicide determined	Suiding	, with (openly)						City or 10	wn, State)			
W	29a, CERTIFIER				Save I		en are	556.55					
COMPLETED	(Check only one) 1 💢 CERTIFYINO PHYS												and manner as stated.
	296. SIGNATORE AND TITLE OF CERTIFIE	ER					29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (N	fonth, Day, Year)
BE	Ch Williams	PARE					DC	145	02				12, 1991
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	JSE OF OEATH #T	EM 27) /7/m	n. Print)	-					-	PLTIT	-C, 1//1
	A.J. Gulya, MD -	3800 Res	ervoir :	Rd.,	NW,	Dept	0to	lary	ngolog	y, W	ashir	ngton	,DC 20007
	31. DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATURE									_	
	APR 16 '91	Guna D	aurason h	marke									

for use as the burial-transit permit. Pages 1, 2, 3 should

tal or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found and certificate has been signed by the attending physician and completely filled in by the funeral director, page § she filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 6

Mr. plil

BALTIMOR

6,	within	cremai
314	ecuted	nd con burial,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremat
OF VITAL R	PHYSICIAN: The law of	this certificate has been with the State Dept. (
DIVISION	HOSPITAL OR ATTENDING	FUNERAL DIRECTOR: After within 72 hours after death

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			ENTAL HYGIENI REG. NO.	9	1 11350	
į	1. DECEDENT'S NAME (First, Middle, Last) MARY	ELIZA	4BETH	DI BERA		DATE OF DEATH DA	2 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 578-22-4448		In yrs. last birthday)	IF UNDER 1 YEAR		Mar. 30,	1907	BIRTHPLACE (State or Foreign Country) Italy	
Ę	90. FACILITY NAME (If not institution, give str Holy cro	ss Hospital	8		R LOCATION OF DEAT	н	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CITY	TOWN OR LOCAT		10d. INSIDE CITY			
2		rince george			sville		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
MAL	100. STREET AND NUMBER 13101 Taney D	wir.		101	ZIP CODE			OF WHAT COUNTRY?	
ONEH	13101 Talley D.	12. WAS DECEDENT EVER IN			20705 ENDENT OF HISPANIC			JSA RACE — Amaricon Indion,	
10	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES			city Cuben, Mexicen, I 2 📉 NO Specify:	Puerto Ricen, atc.)		Specify: White	
EIED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use	SUAL OCCUPATION rk done during moverable retired.)	N st of working	16b. KIND OF BUS	SINESS/INDUST	TRY	
_	Elementery/Secondery (0-12) 1-8th.	College (1-4 or 5+)		omemake		own	home		
COMP	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maiden			
N N	Ralph DiSilves	eri	19b, MAILING A	DDRESS (Street a	Concett nd Number or Rural Rou	1		de)	
2	Ralph Burdine				y Drive,				
	20a_METHOO OF DISPOSITION 1 \[\times \text{Buriel} 2 \] Cremetion 3 \[\text{Remo} \]	rom State	. PLACE OF OISPOSIT other place)	TION (Name of cer	netery, crematory or	20c. LO	CATION — City	or Town, State	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF BUNEFIAL SERVICE DIC	poses 11.	Gate of	22. NAME AN	Cemetery D AODRESS OF FACIL	ITY		Spring, Md.	
	- Yello D.Com	Elle			Rinaldi F New Hamsp			s. Md. 20904	
	23. PART I. Enter the diseases, or c ahock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition	lat only one cause on a	ech line.			aa cardiac or reapi	ratory arreat	Approximate Interval Batween Onaat and Death	
	reaulting in death)	DUE TO (OR AS A	,	1700 121					
ERIPICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
2	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A CONSEQUENCE OF):							
Ä	reaulting in death) LAST	t							
ÀL	PART II. Other algoriticent conditions CANCER	contributing to death b	ut not resulting in	tha underlyin	g cause given in Pa	ert i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	CrityCock					1 🗀 YES 2	ЖЖ но	OF DEATH?	
SICIAN: MEDI									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Check				
	1 TYES 2 NO 27. MANNER OF CEATH	1)2 Inpetient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year)	28b, TIME	OF 26c, IN.	URY AT PRK?	Other (Specify)	NJURY OCCUR	REO	
	1 Natural 5 Pending 2 Accident Investigation			M 1 🗌	YES 2 NO				
ובה	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term, atr	reet, factory, offic	2	City or Town, State)	and Number or i	Rural Route Number,	
COMPLEIED	(Order only	CIAN: To the beat of my know R: On the besis of examination						ause(a) and menner as stated.	
O DE	296. SONATURE AND TUBE OF CONTINEER	nales	МР		29c. LICENSE NUMB	3	29d. DATE S	IGNED (Month, Day, Year)	
=	30. NAME AND AODRESS OF PERSON WHO		, ,,,,,		ve Rd. #20	05 Rockvi	11e. M	d. 20850	
	31. DATE FILED (Month, Day, Year) APR 15 91	32. REGISTRAR'S SIGN			re don't				

11350

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4.6 7. 4.18

Appeal of attending physician. MD \$1203-3146

2

BALTIMORE, MARYL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5x-fronts be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be neutilised.

COMPLETED BY PHYSICIAN: MEDICAL

BE 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 YO

5 Pending Investigation

8 Could not be determined

27. MANNER OF OEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE	STATE OF M					EALTH DEAT		MENTAL HYGII		91	11351
	REGISTRAR 1. DECEDENT'S NAME (First, Middle,		CE	HIIF	ICATE	OF	DEAI		2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
,	Teresa 4. SOCIAL SECURITY NUMBER 110-05-5961	Mary DALY 5. SEX 1 \(\triangle M \times \overline{\Omega} \) F	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		April 2. 7. DATE OF BIRTH (Month, Day, Year, Aug. 23,		8. BIRTH Count	HPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, Northhampton	e			erick			9c. COL	rede	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c.					rick		je.				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6897 Arbo					10	zip code	L701			.S.A	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	MED		If yes, sp		n, Mexice	HC ORIGIN? (Specify n, Puerto Rican, etc.) //	Yee or No	14. RAC Blac Spec	E — American Indian, kk, White, etc.
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12)	/G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Home maker					16b. KIND OF	BUSINESS/IN	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Anthony Rimkunas								ME (First, Middle, Mai Petronele		Ben	aitis
5	Matthew J. Da		6897	7 Art	or	Court	, F:	Route Number, City or rederick.	Mary	land.		
	20a METHOD OF DISPOSITION 12 ABuriel 2 Cremation 3 C 4 Donetion 5 Other (Specify,	20b. PLACE other pl MO!	ace))live	t C	eme te	ry_	F	reder		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0255 22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Fur 106 East Church St., Frederick									ick.	eral Home Md. 21701	
	23. PART I. Enter the disease shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	ð.					Failu		rrast,	Approximats Interval Between Onset and Death		
CERTIFICATION	Sequentisily list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OR AS A CONSE										

24s. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 1 YES 2 NO

1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA

28e. DATE OF INJURY (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

28. PLACE OF OEATH (Check only one) raing Home 5 - Residence 8 - Other (Specify) 28d. OEŞCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date end pieca, end due to the cause(e) and menner se stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and menner se stated.

28e. PLACE OF INJURY -- Al home, farm, street, factory, office building, etc. (Specify)

28b. TIME OF INJURY

2 MEDICAL EXAMINER: On the basic of exam investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

28c. INJURY AT WORK?

1 YES 2 NO

36. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typ) Frederick, 21701 MD 300 West Ninth St Md.

Dr. Casper B. Cline III

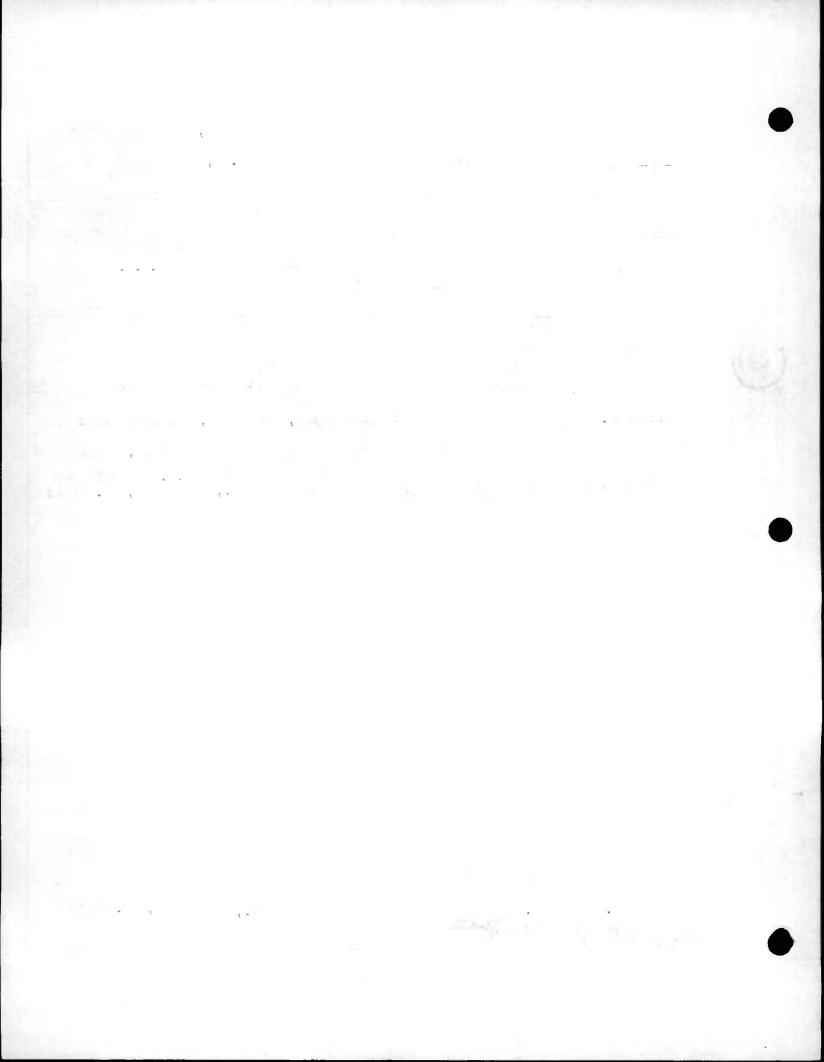
31. DATE FILED (Month, Doy, Year)

PR 0 3 1991

Juna Davidson—

PR 13. REGISTALITY

PR 10 3 1991 03



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FOR STATE REGISTRAR		STATE OF N	MARYL				HEALTH AND	MEI	NTAL HYGIENI REG. NO.	E)	111332	
1. DECEDENT'S NAME (First, M	fiddle, Last)			_					DATE OF DEATH			3. TIME OF DEATH	
RAYMOND		E.		DEREMER					onth DA	1991	YEAR	9:24P M	
4. SOCIAL SECURITY NUMBER				E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH 8. BIRTHI				IPLACE (State or Foreign	
214-05-8062		XX M 2 □ F	74	٧	rs. Mo	ONTHS DAYS HOURS MIN. (Month, Day, Year 01-03-1			1-03-191	17 MD			
9a. FACILITY NAME (If not insti	tution, give s	treet and number)			98	. CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATN	
Memorial Hos	pital	& Medic	al C	enter		Cumber	land			A1	1ega	ny	
10a. STATE	IOB. COUNTY	1		10	c. CITY, T	OWN OR LOC	ATION					10d. INSIDE CITY	
MD 🛕	llega:	ny		C	umbe	rland					9	YES 2 NO	
10e. STREET AND NUMBER						1	Ot. ZIP CODE			10g. CIT	IZEN OF	MNAT COUNTRY?	
718 Brookfield Avenue						2	1502			US	A		
11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. WAS DECEMBRY EVER IN UPON FORCES? AT YES IF YES, GIVE WAR OR DATE WWW II				ATES		If yes, s	CENDENT OF HISP. pecify Cuban, Mexic SYMAN NO Spec	can, Po	PRIGIN? (Specify Yes uerto Rican, etc.)	or No—	Blac Spec	RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEL (Specify only I	DENT'S EDU			16a. DECED (Give ki	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUSINESS/INOUSTRY				
Elementary/Secondary (0-1	2)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use relied.) Asst. Vice President				Liberty Bank					
17. FATHER'S NAME (First, Mich. Wilbur E. D		r							First, Middle, Malden	Surname)			
19a. INFORMANT'S NAME (Typ Mrs. Anna D		r							Number, City or Town			02	
METNOO OF DISPOSITIO	3 🗆 Rem	oval from State				enete		1	OATE 20c. LO		and,		
21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE / Car	RI	lli		Scar Cumb	pelli Fu erland,	racius ner MD	ral Home 21502				
23. PART . Enter the dis		complications the			. Do not	anter the m	ode of dying, su	ich si	cardiac or reapi	retory a	rrest,	Approximata	
IMMEDIATE CAUSE (Fine disease or condition resulting in death)		. Obv	rdi	6-16	le St	nine	tory	1	Feren	9		Interval Between Onset and Death	
	-	OUE)TO		CONSEQUE	. [, .	(A				

Sequentially liet conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury resulting in death) LAST

MD

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

BY PHYSICIAN: MEDICAL CERTIFICATION

houghic Lubeis DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificant condition	ne contributing to deeth but not re	eaulting	in the u	ndarlying ceuse givan in	Pert I.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL		1							
EXAMINER?	HOSPITAL: 1 Inpatient 2 - ER/Outpatient 3	OTHE	R:	6 🗆 Ott	ner (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	ending (Month, Dey, Year)		IME OF NJURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be	26a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Soecity)					LOCATION (Street and Number or Rural Route Number, City or Town, State)			

4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

PART II. Other algnificant conditions contributing to daeth but not resulting in the undarlying ceuse given in Pert I.

2 🔲 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and dua

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 5 23371

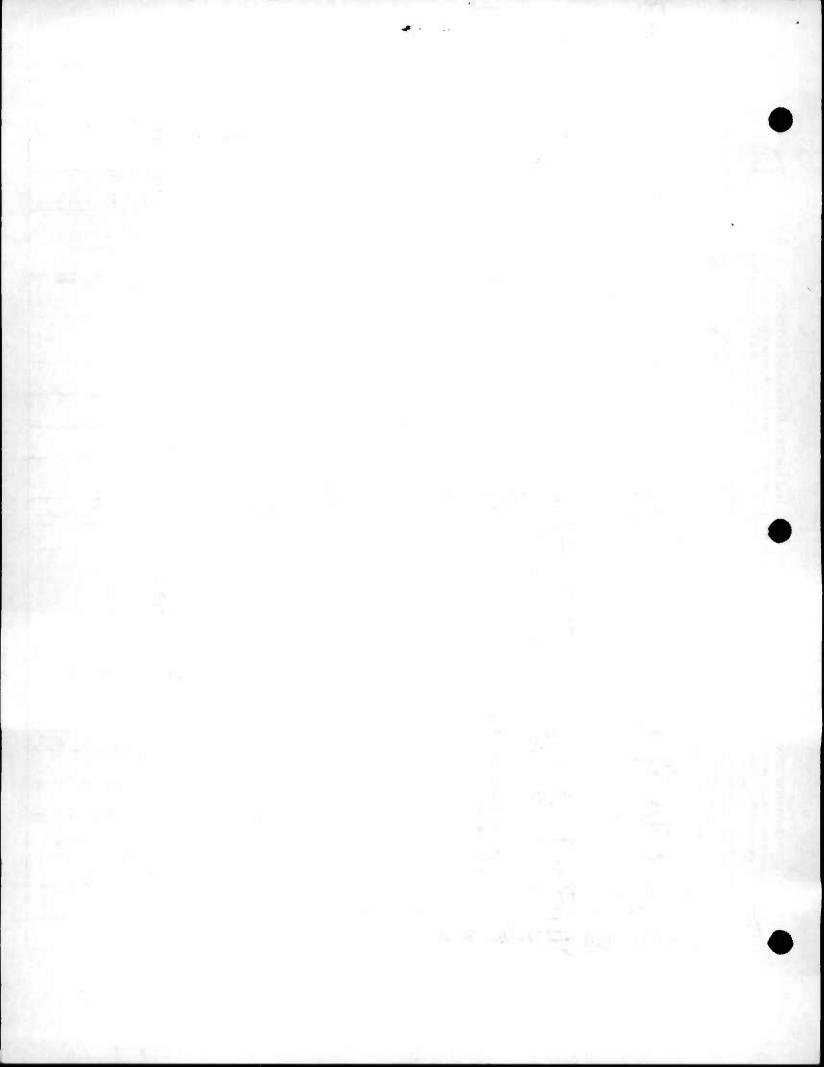
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21502 Memorial Hospital Medical Building, Cumberland, MD Dr. Zaman

31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 1 5 1991

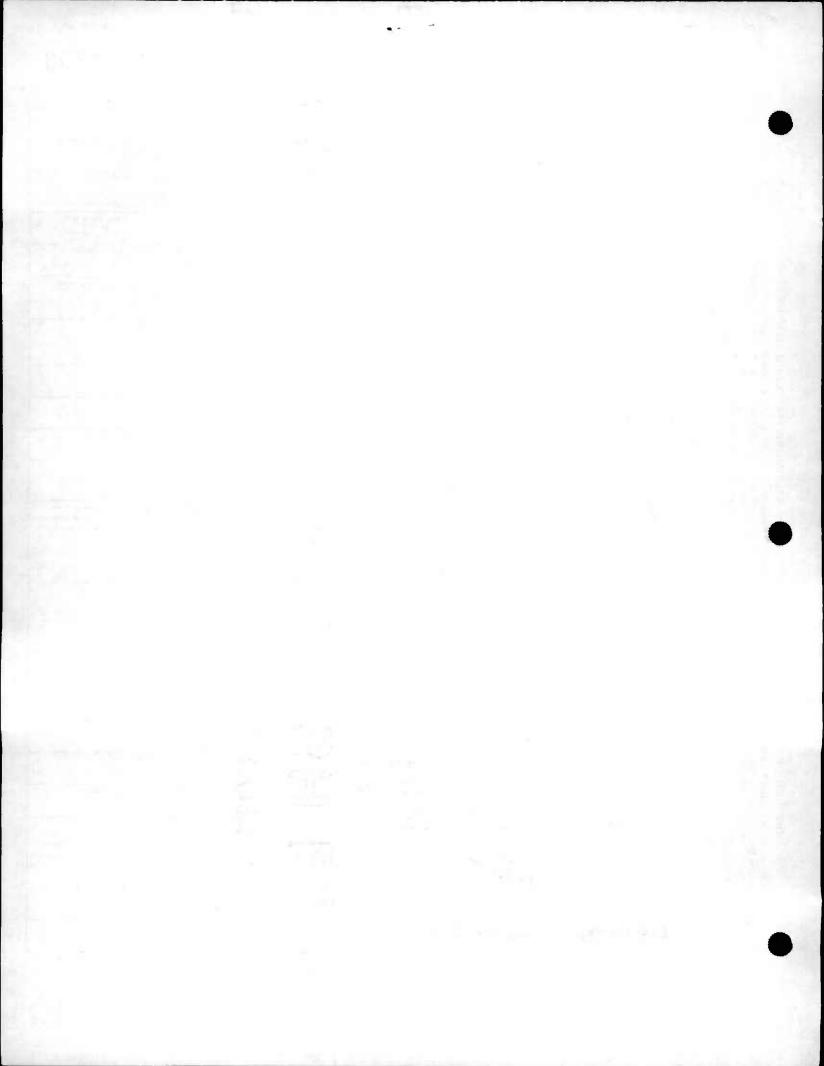
BE COMPLETED

2



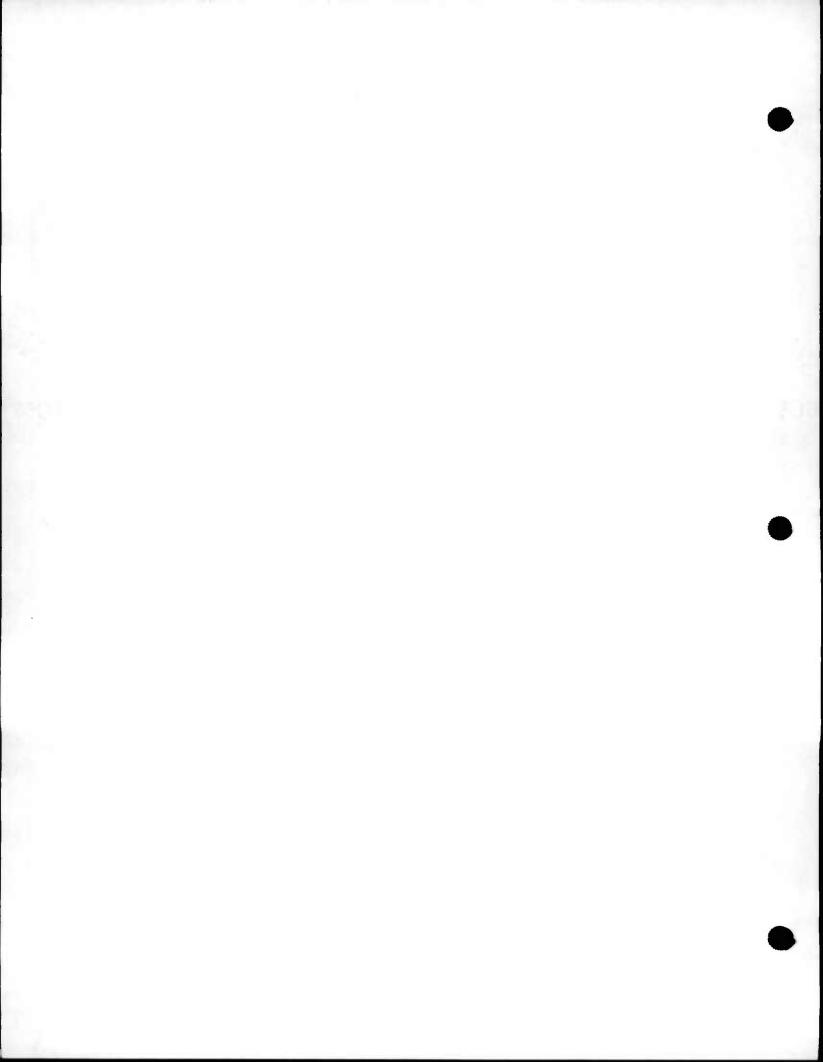
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 of Health and Mental Hygiene prior to burial, cremation, or removal. 	vent, the
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				MENTA	REG. NO.				
	DECEDENT'S NAME (First, Middle, Last) JOHN	FLETCHER	DOMMEL		,	JR.	MONTI	of DEATH DAY	1991	YEAR	9:30 P	
	4. SOCIAL SECURITY NUMBER 579-24-8698	5. SEX 8. AGE (1)	n yrs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	of BIRTH h, Day, Year) -30-192		Country)	LACE (State or Foreign	
S C	9a. FACILITY NAME (II not institution, give Memorial Hosp			0.00		erland	ATH	9c. COUNTY OF DEATH Allegany				
FUNERAL DIRECTOR	MD Allega			10c. CITY, TOWN OR LOCATION LaVale,						IDID INSIDE CITY LIMITS?		
HAL	106. STREET AND NUMBER 134A Cash Valle	2300	101. ZIP COOE 21502					109. CITIZEN OF WHAT COUNTRY USA				
B	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? AND YES IF YES, GIVE WAR OR DA	TES		If yes, spe	ENDENT OF HISPAN polity Cuban, Mexica NO Specify	n, Puerto		or No— 1			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12		(Give kind of life. Do NOT u	AT'S USUAL OCCUPATION of of work done during most of working of use retired.) red Tour Guide				KIND OF BUS		STRY		
E COM	17. FATHER'S NAME (First, Middle, Last) John Fletcher D	ommel, Sr.				18. MOTHER'S NA		Middle, Maiden S				
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Connie M. S	loepfer				nd Number or Rural I	Route Num	ber, City or Town		Code)		
	,20a. METHOD OF DISPOSITION YE Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		PLACE AND OAT	Metro	rial	Gardens		.3 LaVa	ale, N	Ity or Town	n, Stata	
	21. SIGNATURE OF FUNERAL SERVICE L	Cay 1	U.			erland, N						
	23. PART of Enter the diseases, or ehock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	PF		the mo	de of dying, suc	h es cen	diec or reepli	ratory arre	et,	Approximata Interval Between Onset and Deat	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
2	PART II. Other algnificant condition	IT II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORM 1 YES 2						MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAIN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (Ch	eck only o	ne)				
PHYSICIAN: MED	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TII	4 🗆 Nui	28c. INJ WC	URY AT PRICE YES 2 NO		PT (Specify) SCRIBE HOW IP	JURY OCCI	URED		
IED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	— At home, farm,	street, fac				CATION (Street a or Town, State)	nd Number o	or Rural Ro	oute Number,		
COMPLEI		SICIAN: To the best of my know									and manner as stated.	
ᆲ	29b. SIGNATURE AND TITLE OF CERTIFI	ER ()		290. LICENSE NUMBER D 36766					29d. DATE SIGNED (Month, Day, Year) 4-17-91			
2	30. NAME AND ADDRESS OF PERSON W	955 Frederic	ath (ITEM 27) (Typ ck Stree	e, Print) t Cu	mber	land, MD	215	02				
	31. DATAPR MI 2 1991	JES 9 DANGSON-NO	ATUREDO									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Irene bestde	XVE				MONTH DA	Y YE			
	4. SOCIAL SECURITY NUMBER 5		GE (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	-	IRTHPLACE (State or Foreign		
	210-04-0217 1		\$4 YRS.	MONTHS DAY		(Month, Day, Year)	0	ennsylvania		
ŀ	9a. FACILITY NAME (If not institution, give street	t end number)		9b. CITY, TOV	N OR LOCATION OF DE	EATH	OF DEATH			
0 E O	Weshington County 1	and good		Hey	n nucleu	10	Washington County			
5	10e. STATE 10b. COUNTY		10c CIT	Y. TOWN OR LO	CATION			10d. INSIDE CITY		
DIR	Maryland Wash	11111	wn			LIMITS? 1 YES 2 NO				
ا پر	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL DIRECTOR	2419 Eden Drive		21740		USA					
5		FORGERS 4 WES & WILL				NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 NO Specif			specify: white		
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCCU	ATION	16b, KIND OF BUS	SINESS/INDUST	RY		
E 1	(Specify only highest grade con		(Give kind of life. Do NOT u	work done during se retired.)	most of working	920000000000000000000000000000000000000				
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +)	homen	naker		home				
\geq	17. FATHER'S NAME (First, Middle, Last)				16 MOTHER'S NA	ME (First, Middle, Maiden	Sumama)			
	Thomas H. Moore					et Elizabet		son		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	(e)		
10	William H. Dux		1516 k	Kensing	ton Drive	Hagerstow	m, Mar	yland 21740		
- 1	200. METHOD OF DISPOSITION	14	other elecal		cemetery, crematory or		CATION — City			
	1 X Buriel 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	iii from State	Presbyter	ian Chu	ırch Cemet	ery Holi	.daysbu	rg, Penna.		
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAM	E AND ADDRESS OF FA	CILITY 200	· N1 D			
	•				Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland					
	23. PART i. Enter the diseases, or cor	nolications that ce	used the deeth. Do							
l	shock, or heart failure. Lie				mode or ajing, out		,,	Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	(2)	. 0 .		\			Onset end Death		
- 1	resulting in death)	C) Jr Ca	AS A CONSEQUENCE	IN MEE	1064					
_		HO) OF 300	AS A CONSEQUENCE)+); 	had u	abel Hera	· CON	- A/19/91		
EDICAL CERTIFICATION	Sequantielly list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	OF):	100			7.00		
8	cause. Enter UNDERLYING									
Ě	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE (OF):						
ᇤ	resulting in death) LAST									
2										
AL	PART II. Other significant conditions	-				Part i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
음	Diebater melli	11 - No	a work	cyno	-27	1 🗆 YES :	NO	COMPLETION OF CAUSE OF DEATH?		
ME	lypetersion							1 TYES 2 NO		
	Chronic cent	D Fe, 100								
Y	25. WAS CASE REFERRED TO MEDICAL			_	6. PLACE OF DEATH (C	heck only one)				
PHYSICIAN:		HOSPITAL:	/Outpatient 3 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)				
}	27. MANNER OF DEATH	26e. DATE OF INJ	URY 26b. TI	ME OF 28	, INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
	1 Natural 5 Pending	(Month, Day, Y	9ar) II	IJURY M 1	WORK?					
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	JURY — A1 home, farm,	street, factory,	office	28f. LOCATION (Street		Rural Route Number,		
COMPLETED	4 Homicide 6 Could not be determined	building, etc.	(Specify)			City or Town, State)			
٣	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my	knowledge, death occur	red at the time	date and place and du	e to the causalal and ma	nner as stated			
MP	One)							euse(e) end menner ee stated.		
	29b. SIGNATURE AND TITLE OF CENTIFIER		-		29c, LICENSE NU	IMRER	29d DATE OF	GNED (Month, Day, Year)		
BE	DIP. R	1				764	1	122/91		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES O	F DEATH (ITEM 27) (5-	na Print)	0 70	1 6 1	, ,			
					. Potomac	Street Ha	gerstov	wn, Md. 21740		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
	APR 23 '91	gun	na wavedson-v	william						

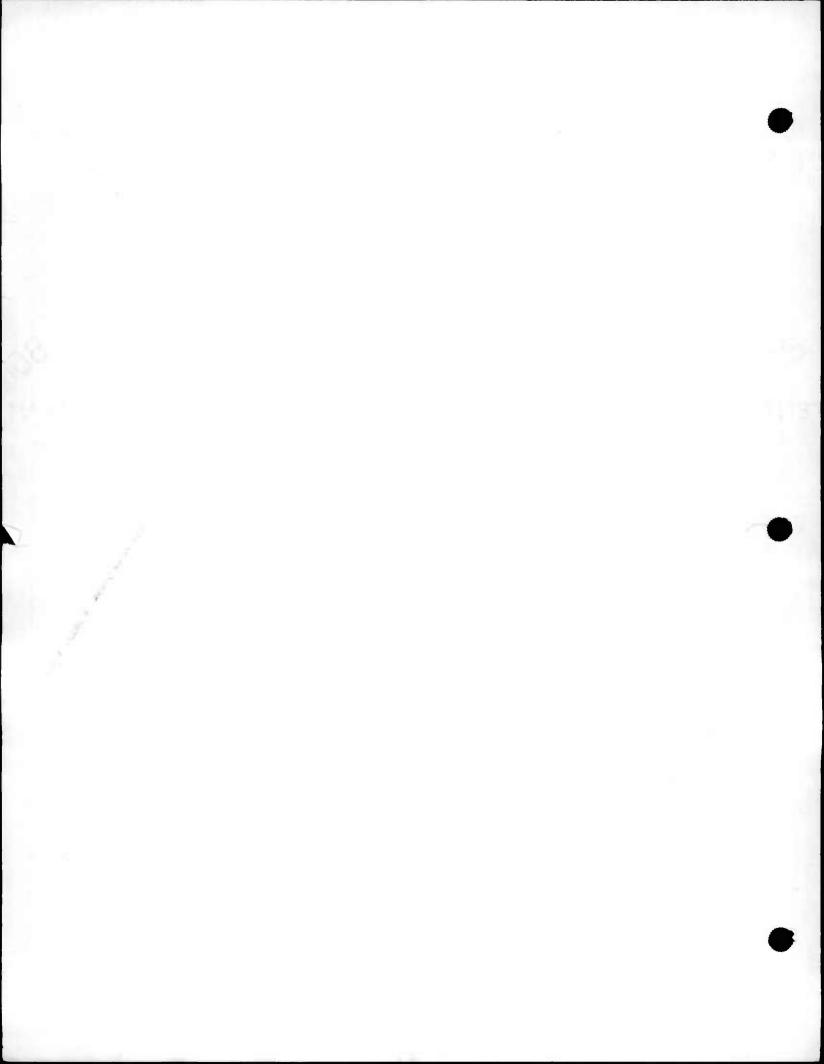


DIVISION OF VITAL RECORDS, P.O. BOX 13140,	BALLIMONE, MANILAIND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Trouts after death. Page 6 may be retained by the nost	rs after death. Page 6 may be retained by the nost
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	n by the funeral director, page 5 should be detache
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, Cremation, or removal.	removal,
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

=	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH MONTH	DAY	XEAR	3. TIME OF DEATH		
- 1	Alvin J.		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign		
	212-12-7919			ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)			
	9e. FACILITY NAME (If not institution, give	Λ /	7	AL CITY TOWN O	R LOCATION OF OE	Oct. 19	LDela	elaware			
æ					AIN .	7.00					
힏	Francis Scott Ke		Baltimo	re		Ва	ltimo	ore			
띫	10e. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY			
DIRECTOR	Delaware Suss	sex	Se	Lbyville			LIMITS?				
	10e. STREET AND NUMBER				ZIP CODE		tog. Cl	tog. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	29 Clendaniel Av	'enue		1	.9975		U	SA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			IC ORIGIN? (Specify	Yea or No-	14. RACE	E — American Indian, k, White, atc.		
7	1 Never Merried 2 Merried	FORCES? 1 TYES	2NO	1 Tyes, spe		n, Puerto Ricen, etc.)		Speci			
	3 X Widowed 4 Divorced	WWII			11				White		
ĕ I	15. DECEDENT'S Et (Specify only highest grs		16e. DECEDENT'S U	ISUAL OCCUPATION ork done during most retired.)	N st of working	16b. KIND OF E	BUSINESS/IN	IDUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)									
₹	Unknown		Contract	cor		Painti					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid	en Sumeme)				
H	Oscar Donaway				Mary Pa						
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 1					
٦.	James E. Lathbur				, Salish		2180				
	20a METHOD OF DISPOSITION 1 ABurtel 2 Cremation 3 Re	amoval from State	other place) Sedmen	TION (Name of cen	netery, cremetory or		LOCATION -				
	4 Donetion 5 Other (Specify) 21, SIGNATURE QF FUNERAL SERVICE		edilen s		D ADDRESS OF FA		lbyvi	ile,	DE 19975		
1	21. SIGNATURE OF PUMERAL SERVICE	LICENSEE				ueral Home					
	Charle 1	W Host	7		vville.						
	23. PART I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on e	A CONSEQUENCE OF		da or dying, suc	n aa cardiac or rei	apiratory a	6	Approximata Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Venfriculer fibrilian DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL (PART II. Other eignificant conditions of the Con	- A (d 11/		PERI	WAS AN AUTOPSY PROBLEM OF CAUSE OF CEATHY				
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PI OTHER:	ACE OF DEATH (Ch	eck only one)					
Z	1 XYES 2 □ NO	1 Inpatient 2 ER/Out	patient 3 DOA		e 5 🗆 Residence	6 Other (Specify)					
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME	JRY WC	RK?	266. DESCRIBE HO	W INJURY O	CCURED	5tortal		
B≼	2 Accident Investigation		710			Smort	291-	132	- Kino.		
	3 Suicide 6 Could not 6		Y — At home, farm, si	treet, factory, offic		26f. LOCATION (Stre City or Town, St			Pouto Number, Heleng		
	29e. CERTIFIER	10	, ,	. 7/2 - 110		-11-0-1-0-0-0-0		/			
COMPLETED		YSICIAN: To the best of my know INER: On the basis of examination							a) end menner ee stated.		
H	111/1/1/1/1/1/	1115			1414/	8	290.0/	4/19	19		
2	36. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Time	Print) -	01110	0 -/	1/	1991	- //		
	Mark J.	ott, 6	200N. L	Nolfe	Strely	O Sont	70	410	21768 T		
5	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	1.00			- 1				

HVA



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SECRETIFY NUMBER SEX SAME P.Y. R. MORE P.	REGISTRAR			EKIIF	ICALE	UF	DEAT			REG. NO	١.		
GLACKYCE HALE Dehaver SOONAL SECURITY MURREN SEX LASE ALE FOR PRINT OF INTERMINENT PRINTING AND ADDRESS AND AND ADDRESS AND AND ADDRESS AND AND ADDRESS AND ADDR	1. DECEDENT'S NAME (First, Middle, La	est)									250		3. TIME OF DEATH
3.37—0.7—3.0 ISD	Gladyce	HALE	Dehave	n									12.07 A
337-07-3018D					IE IMPER	1 VEAD	IE IMOER	14 MDC					
SERLIN NURSING HOME BERLIN OURSING HOME BERLIN OURSING HOME BERLIN WORCESTER WORCESTER WORCESTER BERLIN WORCESTER WORCESTER WORCESTER BERLIN OURSING HOME BERLIN WORCESTER WORCESTER WORCESTER SECONITY OF GREEN AND MARKET LAND WITCOMITCO SALISBURY US 2 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 2 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 2 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 2 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 2 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 2 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 2 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 3 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 3 DISC US AD A MARKET LAND WITCOMITCO SALISBURY US 3 DISC US AD A MARKET LAND WITCOMITCO WHITE SALISBURY IN ADDITIONAL SERVICE WITCOMITCOMITCOMITCO WHITE SALISBURY A. HALE IN ADDITIONAL SERVICE WITCOMITCOMITCOMITCOMITCOMITCOMITCOMITCOM	CONTRACTOR OF THE PARTY OF	10.00		-11-11-11					(Month, Day, Year)			Coun	try)
BERLIN MUSSING HOME THERE ADD NUMBER 10 SOCIETY MARYLAND WICOMICO SALISBURY 10 WONTICELLO AVE. 11 WAS DECEMBER TOWN COMMENT 2 19 MONTICELLO AVE. 12 WAS DECEMBER TOWN COMMENT 10 WONTICELLO AVE. 13 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 11 WONTING HOME DESIGNED TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 12 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 13 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 14 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 15 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 16 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 17 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT DESIGNED TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 18 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 19 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 10 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 11 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 12 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 13 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 14 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1) WISA 15 WAS DECEMBER TO WITHOUT COMMENT (Specify New or No. 1)				THS.						29,1			
BESTORNE OF DECERORY WE SHALL SECURITY MARYLAND WICOMICO SALISBURY WE JP CODE 10 MONTICELLO AVE. 11 MANTAL STATUS 12 MEDICATE AND NOMBER 219 MONTICELLO AVE. 12 MEDICATE AND NOMBER 12 MEDICATE AND NOMBER 13 MEDICATE AND NOMBER 14 MARKAL STATUS 15 MEDICATE OF MARKAL STATUS 16 MEDICATE AND NOMBER 15 MEDICATE OF MARKAL STATUS 16 MEDICATE OF MARKAL STATUS 16 MEDICATE OF MARKAL STATUS 17 MEDICATE OF MARKAL STATUS 17 MEDICATE OF MARKAL STATUS 18 MEDICATE OF MARKAL STATUS 18 MEDICATE OF MARKAL STATUS 18 MEDICATE OF MARKAL STATUS 18 MEDICATE OF MARKAL STATUS 18 MEDICATE OF MARKAL STATUS 18 MEDICATE OF MARKAL STATUS 19 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STATUS 11 MEDICATE OF MARKAL STATUS 11 MEDICATE OF MARKAL STATUS 12 MEDICATE OF MARKAL STATUS 13 MEDICATE OF MARKAL STATUS 14 MEDICATE OF MARKAL STATUS 15 MEDICATE OF MARKAL STATUS 16 MEDICATE OF MARKAL STATUS 17 MEDICATE OF MARKAL STATUS 18 MEDICATE OF MARKAL STATUS 19 MEDICATE OF MARKAL STATUS 10 MEDICATE OF MARKAL STA	9e. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE	EATH		9c. COL	JNTY OF I	DEATH
SALISE No. COUNTY So. CITY, TOWN ON LOCATION SALISBURY SO. LINEAR TOWN ON THE PROPERTY IN THE PROPER	BERLIN NURSING	HOME				В	ERLI	N			WC	RCES	STER
MARYLAND WICOMICO SALISBURY 19. MONTICELLO AVE. 19. MONTICELO AVE. 19. MONTICELLO AVE. 19	RESIDENCE OF DECEDENT												
SALISBURY Pop. CITED NO.	10e. STATE 10b. CO	JNTY		10c, CIT	Y, TOWN	R LOCAT	ION						
11. MAPTILETTIS Section 12. WAS DECEDENT EVER IN U.S. ANMED 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 13. WAS DECEDENT OF HERMAC ORIGIN? (Specify) was or No. 14. WELL TO Specify or YELL TO COUNTY OR NO. 14. WELL TO CONTROL OR NO. 14. WELL TO COUNTY OR NO. 14. WELL TO	MARYLAND	WICOMICO			SALI	SBUR	Y						
1. NAME AND ADDRESS OF PERSON USE OF PERSO						101	ZIP COOL				10g. CIT	TIZEN OF	WHAT COUNTRY?
1. NAME AND ADDRESS OF PERSON USE OF PERSO	219 MONTICELLO	219 MONTICELLO AVE. 21801 USA											
1 NAME MATCH 2 MARRIED PROBLEM 1 YES 2 (2) NO Specify Cubers, Marketen, Parts Ricen, etc.) 3 NAME MATCH 2 NAME (PROBLEM) 1 NAME MATCH 2 NAME (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 1 NAME AND ADDRESS (PROBLEM) 2													
Security Part Par		FORCES? 1	YES 2 X								e or No—	Bloc	ck, White, atc.
THE SECRETARY SE		IF YES, GIVE W	AR OR DATES		- 1 '	1 YES	2 💢 NO	Specif	γ:			Spec	
Content of white prote completed Coding (14 or 5 +) Coding (14 or												<u> </u>	WHITE
DESIGNER HATS Law of the process Law Law Law of the process Law Law of the process Law Law of the process Law Law of the process Law Law of the process Law Law of the process Law Law of the process Law of the process Law of the process Law of the process Law of the process Law of the process Law of the process Law of the			10	live kind of	work done	CCUPATIO during mo	ON at of worklr	ng	18b	. KIND OF BU	SINESS/IN	IDUSTRY	
TO PATHER'S NAME (PSIX, Middle, Last) HARY A. HALE SET TO THE RING OF ORDERING AND A LAST OF PACK OF DISPOSITION (Pages of Computer Community) THE BURNEY SET OF COMMUNICATION (Pages of Computer Community) THE BURNEY SET OF ORDERING AND ADDRESS OF PACK OF DISPOSITION (Pages of Computer Community) THE BURNEY SET OF COMMUNICATION (Pages of Community) THE BURNEY SET OF ORDERING AND ADDRESS OF PACK OF DISPOSITION (Pages of Community) THE BURNEY SET OF ORDERING AND ADDRESS OF PACK OF DISPOSITION (Pages of Community) THE BURNEY SET OF ORDERING AND ADDRESS OF PACK OF DISPOSITION (Pages of Community) THE BURNEY SET ORDER OF TOWN, MALE SET OF TOWN, MALE SET ORDER OF TOW	Elementary/Secondary (0-12)	Callege (1-4 or 5+) ///6	. Do NOT u	se retired.)								
HARRY A. HALE CATHERINE INGRA WONG 198. MANIAN SAME (//por/Print) PHYLLIS BILLMAN-GREAT NIECE 14. FOREST LANE, SALISBURY, MD 21801 286. METHOD op collegioration 2 / 4/9/91 280. METHOD op collegioration 3 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /	12 YEARS	NO		DESI	GNER						HATS	5	
18b. MALLING ADDRESS (Street and Number or Rural Roots Number, City or Town, State, Zip Code) PHYLLIS BILLMAN-GREAT NIECE 4.15 FOREST LANE, SALISBURY, MD 21801 20b. LOCATION - 4.79 / 91 1	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maider	Surneme)		
18b. MALLING ADDRESS (Street and Number or Rural Roots Number, City or Town, State, Zip Code) PHYLLIS BILLMAN-GREAT NIECE 4.15 FOREST LANE, SALISBURY, MD 21801 20b. LOCATION - 4.79 / 91 1	HARRY	Α.	НАТ	.E			CAT	HERT	NF.	TNG	RA	WC	NG
PHYLLIS BILLMAN-GREAT NIECE 4.15 FOREST LANE, SALISBURY, MD 21801 20s. METHOD OF DISPOSITION 4/9/91 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 1 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 1 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 1 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 1 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 1 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 1 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 2 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 2 20s. PLACE OF DISPOSITION (Name of cennium, currentary or 2 20s. PLACE OF DEATH (PORC AND ADDRESS OF PERSON WHO Z1801 22 JAMÉ AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (PORC AND					ADDRES	2 /Stenot s							-
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DEM 27) (Type, Print)	ehock, or haert felic iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, lasding to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Invastigat 2 Accident 3 Suicide 8 Could no determine 29e. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	COUENCE OF COUENCE OF	OF): OF): OF): OF): In the unit of the	26. Pl R: sleg Hon 26. IN. with tory, office	g ceuse LACE OF E LACE OF E LOS RIVER	given in	Pert I. Pert I. 6 Oth 28d. DE	24a. WAS A PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Rown, State	N AUTOPSY PMED? 2 NO INJURY O	CCURED er or Rural	Approximate interval Batwean Onset and Dastr Onset and Dastr Onset and Dastr Onset and Dastr Onset and Dastr Onset on Ocause Of Ocause Of Ocause Of Ocause Of Ocause Of Ocause Of Ocause Onset O
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DEM 27) (Type, Print)	ehock, or haert felic iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, lasding to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Invastigat 2 Accident 3 Suicide 8 Could no determine 29e. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	COUENCE OF COUENCE OF	OF): OF): OF): OF): In the unit of the	26. Pl R: sleg Hon 26. IN. with tory, office	g ceuse LACE OF E LACE OF E LOS RIVER	given in	Pert I. Pert I. 6 Oth 28d. DE	24a. WAS A PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Rown, State	N AUTOPSY PMED? 2 NO INJURY O	CCURED er or Rural	Approximate interval Batwean Onset and Dastr Onset and Dastr Onset and Dastr Onset and Dastr Onset and Dastr Onset on Ocause Of Ocause Of Ocause Of Ocause Of Ocause Of Ocause Of Ocause Onset O
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within a completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

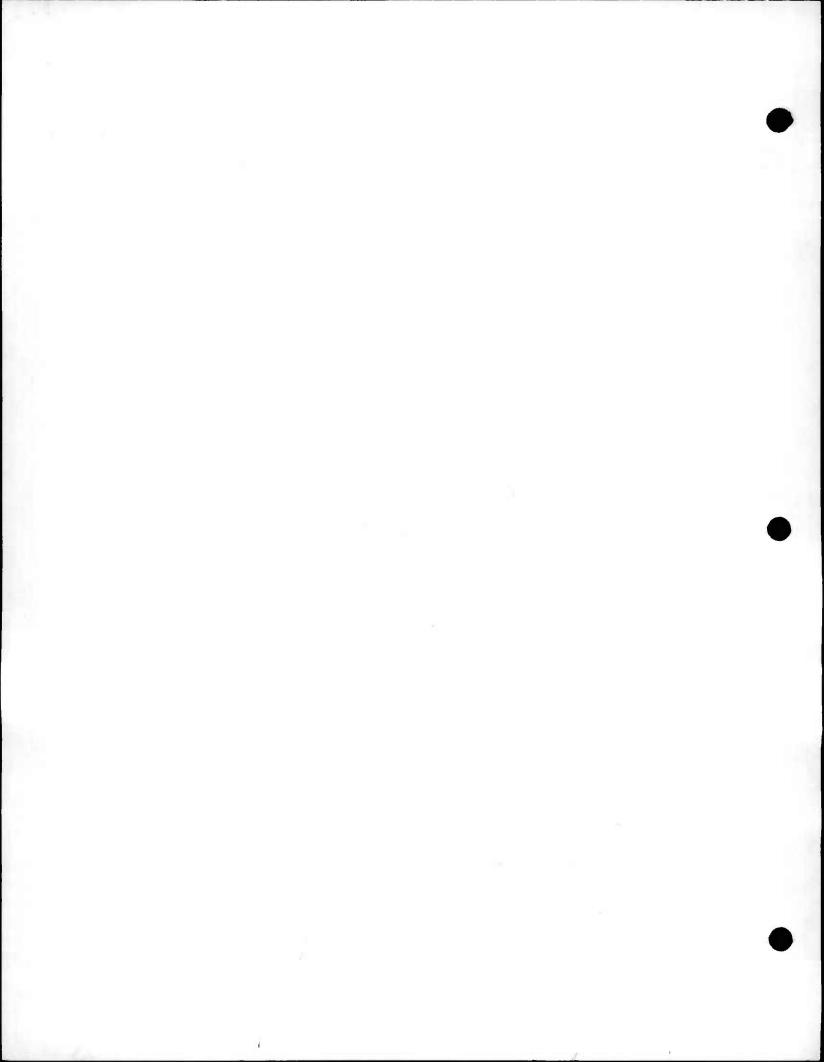
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Silia Saindson Bande

ADD 1 0 91

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1,5

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	A	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	t)		n 1	. 11	2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH	
ELMER	THOMAS		Jush	10//	HPI	1/12	1991	0/20 M	
4. SOCIAL SECURITY NUMBER	The second secon		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I		8. BIRT Coun	HPLACE (State or Foreign try)	
212-01-6192	1 1 M 2 □ F 88				9 1	16 190	2 MI	0	
9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF D	COUNTY OF				
PENINSULA GENE	RAL HOSPITAL		SALISI	BURY		1	VICOMI	CO	
10a. STATE 10b. COUP	ITY	10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
	COMICO	MAI	RDELA S					1 X YES 2 NO	
10e. STREET AND NUMBER	00V 100		1	of. ZIP CODE 2 1837		10-9	U.S.A	WHAT COUNTRY?	
R.D.#1,	BOX 129	IN II S ADMED	12 MMC DI	CENDENT OF HISPA	NIC OBIOINS (6	Canalty Van as N			
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES		If yes, t	specify Cuban, Mexico	n, Puerto Rica		Blac	E — American Indian, ok, White, atc. ofty: WHITE	
15. OECEOENT'S E	DUCATION	16a. DECEDENT'S U			16b. KIP	ND OF BUSINES	S/INDUSTRY		
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during r retired.)	nost of working					
11 GRADES		SALESI	MAN		HA	RDWARE			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			ame)		
ANDREW J. I	DASHIELL			LAURA	VIRGI	NIA NEV	NOT		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Stree	and Number or Rural	Route Number,	City or Yown, Sta	ite, Zip Code)		
THOMAS R. DASI	HIELL (SON)	504 TI	HOMAS A	VE., FRED	ERICK,	MARYLA	AND 21	701	
20a METHOD OF DISPOSITION 1 Aburtal 2 Cremation 3 Re		tob. PLACE ANO OATE		N (Name	OATE	20c. LOCATIO	ON — City or T	own, State	
4 Donation 5 Other (Specify)	1	RIVERTON	CEMETER			1991_	RIVER	TON, MD.	
21. SIGNADIFIE OF FUNERAL SERVICE	Olfo M			LLOWAY FU		HOMEP.	A.	MD.21801	
23. PART I. Enter the diseeses, o	or complications that caus	ed the death. Do no						Approximate	
shock, or heart fellur IMMEDIATE CAUSE (Finsi	e. List only one cause on	each line.	0 1	0 6				Interval Between Onset and Death	
disease or condition resulting in deeth)	· Myoca	A CONSEQUENCE OF	ruft	t Ta	n				
	OPE TO (OR AS	A CONSEQUENCE OF	1/ 1	12	:0.	~			
Sequentielly list conditions,	DUE TO OR AS	A CONSEQUENCE OF	/	100	-cc				
If any, leading to immediate cause. Enter UNDERLYING	4							ļ	
CAUSE (Disease or Injury that Initiated evants	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in deeth) LAST	d								
DART II Other elgolfloort condit	lone contribution to doub	hut ant resulting to		an anna abaa (a	Beat La				
PART II. Other significant condition	one contributing to death	but not reauting in	the underly	ing cause given in	Part I. 24	PERFORMED		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
					1	YES 2 1	¥0	COMPLETION OF CAUSE OF DEATH?	
								1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)				
1 TYES 2 NO	1 1 Inpetient 2 - ER/O			ome 5 - Residence					
27. MANNIER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year	Y 26b. TIME	JRY \	NJURY AT VORK?	26d. DESCR	IBE HOW INJUF	Y OCCURED		
2 Accident Investigation				YES 2 NO					
3 Suicide 6 Could not 6	be building, etc. (St	RY — At home, farm, st pecify)	treet, factory, of	fice		ON (Street and N Fown, State)	lumber or Rurai	Route Number,	
	YSICIAN: To the best of my known	owledge, death occurred	d at the time, d	nta and place, and du	e to the cause(s) and manner	as stated.		
one) 2 MEDICAL EXAM	IINER: On the beals of exeminat	tion and/or investigation	n, in my opinion	, death occured at the	e time, data an	d place, and du	a to the cause	(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	FIER	/		29c. LICENSE NU	MBER	29	. DATE SIGNE	ED (Month, Day, Year)	
Benjamin	H oue	yw/		D 301	143		4/1	3/91	
30. NAME AND/ADDRESS OF PERSON Benjamin H	- MEYER	DEATH (ITEM 27) (Type,	Print) S Le	cust St	s. S.	alisbr	um,	md.	
31. DATE FILED (Month, Day, Year) ADD 15 '91	32. REGISTRAR'S SH		1)		
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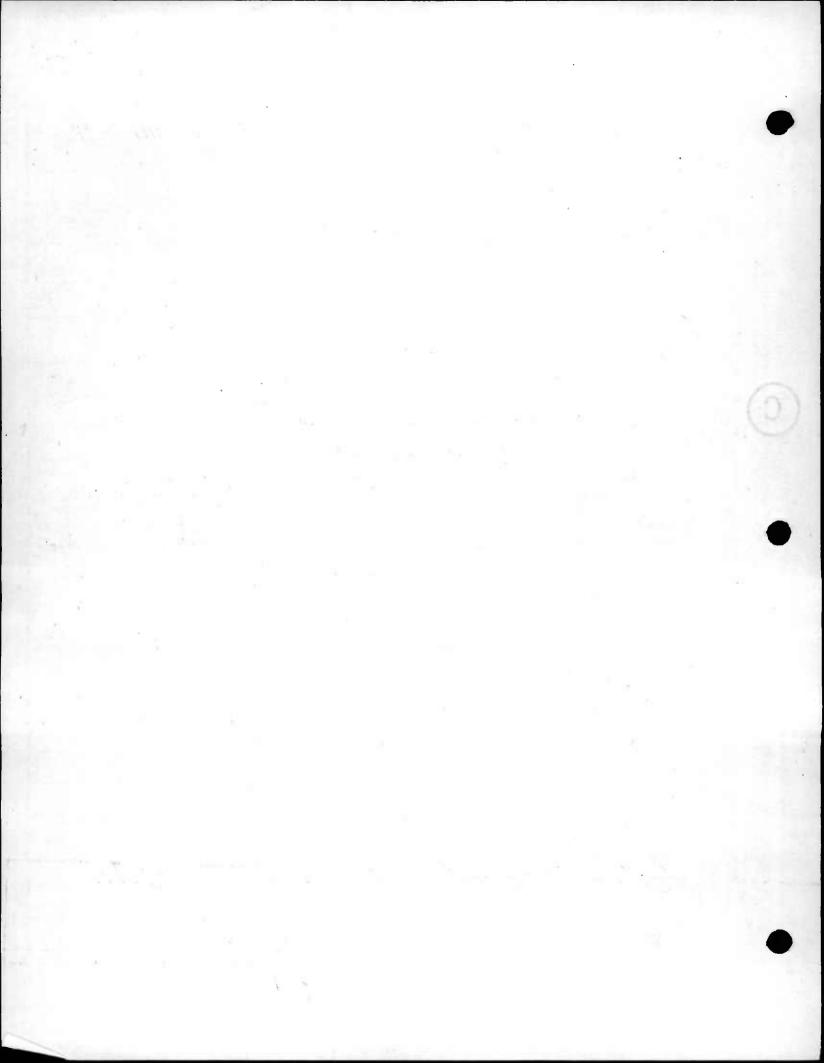
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN. The last

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TO THE MOSTILL OF A LENGTH STREET HE IN THE THE THE WALL WE WASHING TO THE CONTINUES OF WALLEST WITHIN 2 - THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem-
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE MARY AND 21203-3146 after death. Page 6 mm are marken by the hospital or attending physician. IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	ATE OF MARYLA								
	1. DECEMENT'S NAME (First, Middle, Last)	1. Ed.	WARD	15.		2. DATE OF DEATH		S. TIME OF DEATH		
		M 2 √ F 88	YRS.	ONTHS DAYS	HOURS MIN.		02 M	ARYLAND		
OR	CIRCLE MANOR NURS	THEORY.				AIH				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	MARYLAND MONTGO	MERY	CI				10g. CITIZEI	1 YES 2 NO		
FUNERAL		15 CONNECTICUT AVENUE			20815		USA			
BY FUI	1 Never Married 2 Married	lever Married 2 Married FORCES? 1 YES 21 NO			cify Cuban, Mexican	n, Puerto Ricen, atc.)	Black, White, etc. Specify:			
COMPLETED	(Specify only highest grade comple						USINESS/INDUS			
OM	17. FATHER'S NAME (First, Middle, Last)		HOODEWII	E	18. MOTHER'S NAT	ME (First, Middle, Maide	n Surneme)			
BE C	WILLIAM THOMAS QUAD	Е			MARY I	EVA QUADE				
2	19a. INFORMANT'S NAME (Type/Print)	- /	1							
	20a, METHOD OF DISPOSITION	20h								
	1 X Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	om Stata	other place)							
	21. SIGNATURE OF FUNERAL SEINE LICENSE		olen	FRANC	S J. CO	LLINS FUN	ERAL HO	ME, INC.		
CERTIFICATION	shock, or heart failure. List of immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF):	Voscul	dar C	Distas	enf	Interval Between Onset and Death Source Year		
PHYSICIAN: MEDICAL C	11				cause given in	PERF	PRMED?	345. WERE AUTOPSY PRIORINGS. ARRESTS PRIOR TO COMPLETION OF CAMSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRIGING MEDICAL HOS	SPITAL:	10	The state of the s	ACE OF DEATH (CIV	ack only one)		-		
IYSI			Hent 3 DOA 6	Hursing Home		The state of the s				
BY P	1 Natural 5 Pending	(Month, Day, Mar)		N) WO	1907	286. DESCHIBE HOW	INJURY OCCUP	eD.		
	a L Management	18s. PLACE OF INJURY - building, etc. (Specif	At home, farm, stru	set, factory, office	Į.	281. LOCATION (Street City or lown, State	r and Number or II)	Rural Picuta Numbec		
COMPLETED		A. SEX A. SEX A. SEX C. SEX SEX								
B	296. SUMMATTINE AND TITLE OF CERTIFIER		h m	m	29c. LICENSE NUN	IBER 7	29d. DATE 3	MINED (Month, Day, Year)		
٩	36. NAME-AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pi	rint)	,,,,		- //			
	RAYMOND T. BENACK, 31. DATE FILED (Month, Day, Year)	M.D. 4115		OR. WHEA	ATON, MARY	YLAND 2090	06			



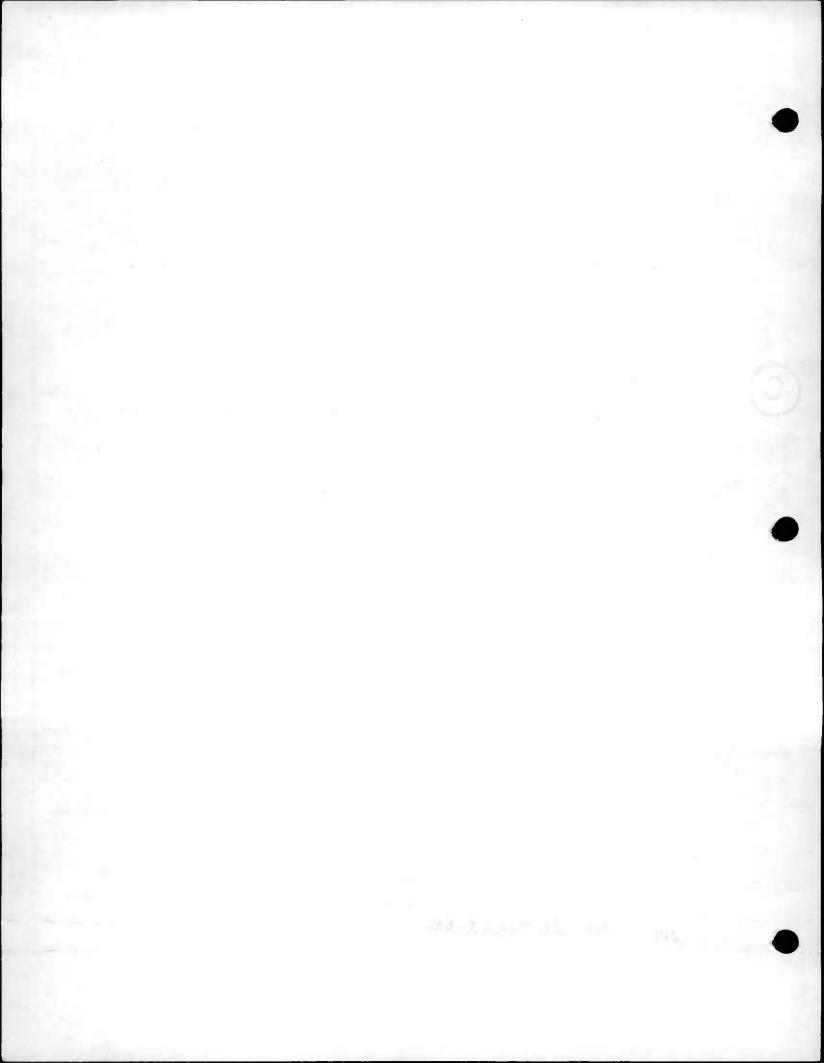
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BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

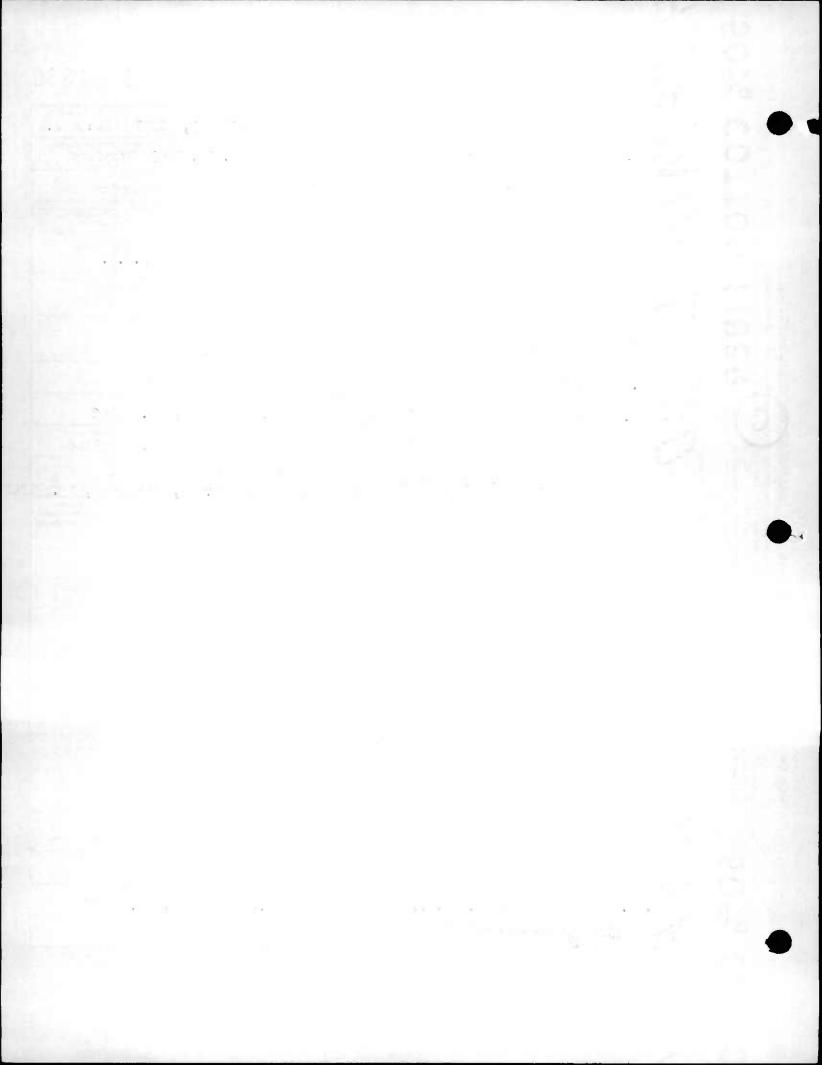
	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF	DEATH	~	VEAS	3. TIME OF DEATH
	ANNA NAOMI ELSE									April 11, 1991			91	1900 м
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest			last hirthdan	thday) IF UNDER 1 YEAR IF UNDER 24 HRS.								PLACE (State or Foreign	
	163-36-991		1 M 2 X F	89	YRS.	MONTHS	DAYS	HOURS	MIN,	T(Month)	10-24-1901		Country	ON 2
				03	YRS,							IIId •		
	9e. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
5	Meridian Nu	ursing	center			Frederick Frederick					rick			
KI	RESIDENCE OF DEC	CEDENT												
Ĭ	10e. STATE	10b. COUNT	1		10c. CI1	10c. CITY, TOWN OR LOCATION 10d. INSIDE					10d. INSIDE CITY			
5	Delaware	Sus	sex		R	etha	ny F	Beach						LIMITS?
ا پ	10e. STREET AND NUMBER					Bethany Beach					1	10e CIT		HAT COUNTRY?
Z I	P. O. BOX 177									U.S.A.			IIAI VVVIIIIII	
FUNERAL DIRECTOR					19930							S.A.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 W				ARMED 13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, I						or No-	14. RACE Black	- American Indian, White, etc.	
BY	1 Never Married 2 3 Divo		IF YES, GIVE V				1 YES	2 NO	Specify	., roento men	,,		Specifi	
	3 Widowed 4 Divo	rcea										i	V	vnite
	15. DEC	EDENT'S EDU y highest grade	CATION completed	16a	. DECEDENT'S	USUAL C	CCUPATI	ON of sensels	207	16b. Kif	ND OF BUS	INESS/INE		
ᇤ	Elementery/Secondary (0	1		+)	life. Do NOT u	se retired.)								
립			2 years		Ret.	Elem	. Sc	hool	Tea	cher	T	each	ing	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18, MOT	HER'S NA	ME (First, Midd	lle. Maiden	Sumame		
	James Else									Hursh		-arranio)		
띪	0004										•			
၉	19e. INFORMANT'S NAME (7									Route Number,				01701
-	Charlotte /	A. Mor	an		904	uarr	011	rark	way	Freder	ick,	Mar	yland	21701
	20s. METHOD OF DISPOSIT	ION		20b. PL/	CE OF DISPO	SITION (N	leme of ce	metery, crer	netory or				City or Tov	
	4 Donation 6 Other		oval from State	_ Ros	se Hil	1 Ce	mete	ery			Alt	onna	, Per	nna.
	21. SIGNATUJA OF TUNEBA	L SENVICE LA	ENSEE	1	1	22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	121	A (16	4300	14	7	R	OBER	RT E.	DAI	LEY &	SON	FUNE	RAL F	HOMES, PA.
	John	CC	Rue	911		1	201	N. M	arke	t St.	Fred	eric	k, Mo	1. 21701
	23. PART I. Enter the d	iseases, Dr	complications the	st Vaused the	death. Do	not ante	r the mo	ode of dy	ing, sucl	h ae cardlec	or respi	ratory an	rest,	Approximate
	200000000000000000000000000000000000000		List only one car	use on each	line.									Interval Between Onset and Death
	IMMEDIATE CAUSE (Fir disease or condition	nai	0				,							Oliset and Death
	resulting in death)	\rightarrow		47 (17				7 an	nu	6)				
			DUE TO	(OR AS A CO	NSEQUENCE C	NF): `	\	V						
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	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	dieta ING Iry	cDUE TO	OR AS A COR	NSEQUENCE (PF):	nderlyln	ig cause	given in	Part I. 24	e. Was an		24b.	WERE AUTOPSY FINDINGS
	if any, leading to imme cause. Enter UNDERIN CAUSE (Disease or inju that initisted events resulting in death) LAS	dieta ING Iry	cDUE TO	OR AS A COR	NSEQUENCE (PF):	inderlyln	ng cause	given in		PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injt that initiated events resulting in death) LAS PART II. Other algnification of the cause of t	Pending Investigation Could not be determined TIFYING PHYS HCAL EXAMINITY F PERSON WE	HOSPITAL: 1 Inputtent 2 28e. DATE Of (Month, i) 28e. PLACE (building) ICIAN: To the best of c	DER/Outpatter FINJURY Dey, Year) OF INJURY — A , etc. (Specify) If my knowledge examination and	ot resulting at 3 DOA 28b. TH (N) At home, farm, e, death occur d/or investigati	OTHE 4 Number of Jury M street, factor, in my	28. PER: Insing Hor 28c. IN W To Insing Hor 28c. IN W To Inside It	LACE OF C	DEATH (Chi	eck only one) 6 Other (S 28d. DESCR 28f. LOCATIC City or 1 10 the ceuse) time, date en	PERFOR YES 2 pecity) IBE HOW I ON (Street fown, State) (e) end mee	NJURY OC NJURY OC nner as stad due to t 29d. DAT	er or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
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DHMH-16 Rev 1/89

	. Provide	nnous	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMOBE, MARYLAND 21203-3146	: The law requires that the death certificate be executed within a mount after death. Page of the page is the hospital or attending physician.	10 Int. FUNETUR. Intelluly, Ariel this cut investigates the authoring presentation of the authoring presentation of the authoring presentation, or removal.	item 23 shows any injury, or other traumatic event, the medical examiner must be writing at once.
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	be filed within 72 hours after death with the State D	IMPORTANT: If item 28 is marked, or Item 2

]	Edith M	arie EI	KER		April 1	, 19	91 10:30 A. M		
4. SOCIAL SECURITY NUMBER 220-42-7431		AGE (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Sept 19	1903	BIRTHPLACE (State or Foreign County)		
90. FACILITY NAME (If not institution, give street and number) Meridian Nursing Center 9b. CITY, TOWN OR LOCATION OF DEATH Frederick						9c. COUNTY OF DEATH Frederick			
RESIDENCE OF DECEDENT 100. STATE Maryland Tob. Col. The state of Decedent	rederick	TOWN OR LOCA	Trede	eri ck	10d. INSIDE CITY LIMITS? 1 445 2 NO				
100. STREET AND NUMBER 400 North Aven	nue		101. ZIP CODE 21701			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	ER IN U.S. ARMED YES 2 NO DR DATES	NO If yes, specify Cuban, Mexican, Puerto			INT (Specify Yes or No- b Rican, etc.) 14. RACE — American India Black, White, etc. Specify: White				
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Homemal	ork done during m retired.)	ION lost of working	166. KIND OF BUS	ляу			
17. FATHER'S NAME (First, Middle, Last)				Kati	E (First, Middle, Malden Le May Han	ilton			
190. INFORMANT'S NAME (Type/Print) Walter C. Eiker				end Number or Rural Ro					
20e_METHOD OF DISPOSITION 1	20b. PLACE OF DISPOSI	ACE OF DISPOSITION (Name of cametery, cramatory or not place) Int Olivet Cemetery				y or Town, State Maryland			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE What C.C. Dasfold MOOO21 22. NAME AND ADDRESS OF FACILITY Kee ney and Basford Funeral Home 106 East Church Street, Frederick, Md. 21									
23. PART I. Enter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Ren	on sech line.	June		as cerdied of resp	ratory error	t, Approximata Interval Batween Onset and Daeth		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in P					Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA			26. 1	PLACE OF DEATH (Chec	k only one)				
1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER	/Outpetient 3 DOA		me 5 Residence 6	Other (Specify)	N It IT OCCUP			
27. MANNER OF DEATH 260. DATE OF INJURY (Month, Dey, Year) 280. TIME OF INJURY AT WORK? 1 YES 2 NO 200. NO. TIME OF INJURY AT WORK?					zed. DESCRIBE NOW I	NJOHT OCCU	NED .		
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,		
anal	IVSICIAN: To the best of my						cause(s) and manner se stated.		
29b. SIGNATURE AND TITLE OF CERT	is He-m	AC 3	29c. LICENSE NUMBER			29d. DATE S	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON Dr. A. Austi		1/		Ninth St	., Freder	ick, M	d. 21701		
APR 1 6 1991	Julia Davidson-	BIGNATURE							

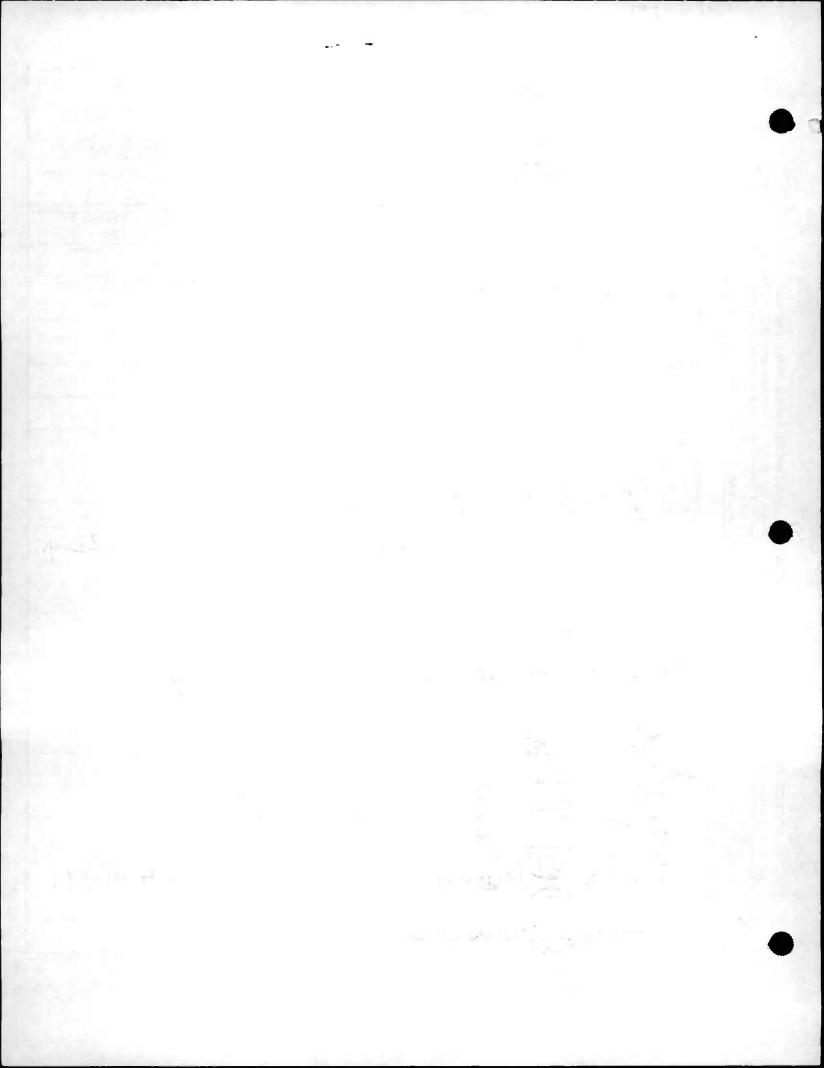


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DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached f		to any the second and the second between the second and second and second and second and second and and and and
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A	100	3 aft	-
8	JIRE	hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
	_	-	- 3

1. DECEDENT'S NAME (First, Midd	le, Lest)		TIFICATE			2. DATE OF MONTH	DEATH DAY		EAR	ME OF DEATH		
4. SOCIAL SECURITY NUMBER	WILSON s. sex	La 105 //		FFLAN	-	Apri		199		L:05 p	M	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	XXX M 2 F	6. AGE (In yrs. lest bit	YRS. IF UNDER		UNDER 24 HRS. DURS MIN.	(Month, D	Day, Year)		Country) WV	E (State or Forei	'n	
214-07-2878 9e. FACILITY NAME (If not institution	7	1 //	9b. CITY,	TOWN OR L	OCATION OF DE		1-1913		Y OF DEATH		_	
Memorial Ho			Cı	mberl	land			A11	legany	7		
10a. STATE 10b.	COUNTY	1	Oc. CITY, TOWN O	R LOCATION	1				10d.	INSIDE CITY		
MD 411	.egany	c	umberla	nd,					4	LIMITS? YES 2 No	,	
10e. STREET AND NUMBER				CODE			_	N OF WHAT	COUNTRY?			
1115 Kentuck								USA				
11. MARITAL STATUS 1 Never Married XX Merri 3 Widowed 4 Divorced	FORCES? X	NT EVER IN U.S. ARME XX YES 2 NO WAR OR DATES WW II		WAS DECEND yes, specify YES	y Cuben, Mexica	n, Puerto Rici	Specify Yee o an, etc.)	or No⊷ 14	Specify: White			
15. DECEDEN	T'S EDUCATION	18e, DECE	f working	16b. KI	IND OF BUSI	NESS/INDUS	TRY					
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		ille Do	f working	7	[extil	.e						
17. FATHER'S NAME (First, Middle,		16. MOTHER'S N					dle, Meiden S	umame)				
William H. E							le_Sipes					
19e. INFORMANT'S NAME (Type/P	*		AILING ADDRESS									
	Mrs. Mary L. Effland 1115 Kentucky Avenue Cumberland, MD 21502 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name DATE 200. LOCATION — City or Town, State											
Sunset 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Sunset Memorial Park 4-13 Cumberland, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Sufficient Memorial Park 4-13 Cultibertation, Pid 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home											
Scarpelli Funeral Home Cumberland, MD 21502												
23. PART I. Egtar tha disease	es, or complications th	nat caused the death	2					atory arres	ıt,	Approximate		
IMMEDIATE CAUSE (Final	fallure. List only one ca	ause on aach lina.							į	Onset and I		
disease or condition resulting in death)		Ineumonia								2DA	15	
	DUE T	DUE TO (OR AS A CONSEQUENCE OF):									1	
Sequentially list conditions		DUE TO (OR AS A CONSEQUENCE OF):							-		—	
if any, leading to immediate cause. Enter UNDERLYING	2											
CAUSE (Disease or Injury that initiated events	DUE T	O (OR AS A CONSEQUE	ENCE OF):									
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d											
DART II Other desident	onditions contributing	to death but not rea	ulting in the un	dariying c	ause given in	Part I. 2	4a. WAS AN A			E AUTOPSY FING		
Charlet Charlet	ic Meli	znoma				_ 1.	YES 2	ED!	COM	LABLE PRIOR TO IPLETION DF CA DEATH?		
						_		/	100	YES 2 NO		
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		OTHE		E OF DEATH (C)	heck only one)					_	
1 TES 2 NO		DF INJURY	DOA 4 Nur	-	5 Residence	_	Specify) RIBE HOW IN	JURY OCCU	RED		_	
27. MANNER OF DEATH	(Month,	28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF VORK? INJURY WORK? M 1 YES 2 NO										
Natural 5 Pend		28e. PLACE OF INJURY — At home, farm, street, factory, office						nd Number o	Rural Route I	Number,		
2 Accident Invest	tigation 28e. PLACE	OF INJURY — At home	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
Natural 5 Pend Invest 2 Accident Invest 3 Suicide 6 Coul 4 Homicide 6 deter	tigation 28e. PLACE	OF INJURY — At home ig, etc. (Specify)	, ra(m, sales), rac	14.6			iown, oterey					
2 Accident friver 3 Suicide 6 Coul 4 Homicide deter	tigation 28e. PLACE building	ig, etc. (Specify)			d place, end du			ner as stated	ı.		_	
Natural 5 Pend Invest Accident Suicide Could determined	d not be mined 28e. PLACE building	of my knowledge, death	occurred at the t	lme, date en		a to the cause	e(e) and man			menner ee sta	ed.	
2 Accident 5 Perior Invest 3 Suicident 4 Homicide 6 Coul 4 Homicide 6 Centrifyii (Check only one) 2 MEDICAL	d not be buildin 28e. PLACE buildin mined	of my knowledge, death	occurred at the t	ime, date en		a to the cause time, date er	e(e) and man	due to the		201 000	ed.	

21502

Cumberland, Md.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	Page 6 may be retained by the hospit	al director, page 5 should be detached	ner must be notified at once.
SP SP SP SP SP SP SP SP SP SP SP SP SP S	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 110urs after death.	VAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral beautied of the former of the dash with the state have in the state have a set to be set to be stated in the state have a set to be stated in the state has the state have a set to be stated in the state has the state h	If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exami

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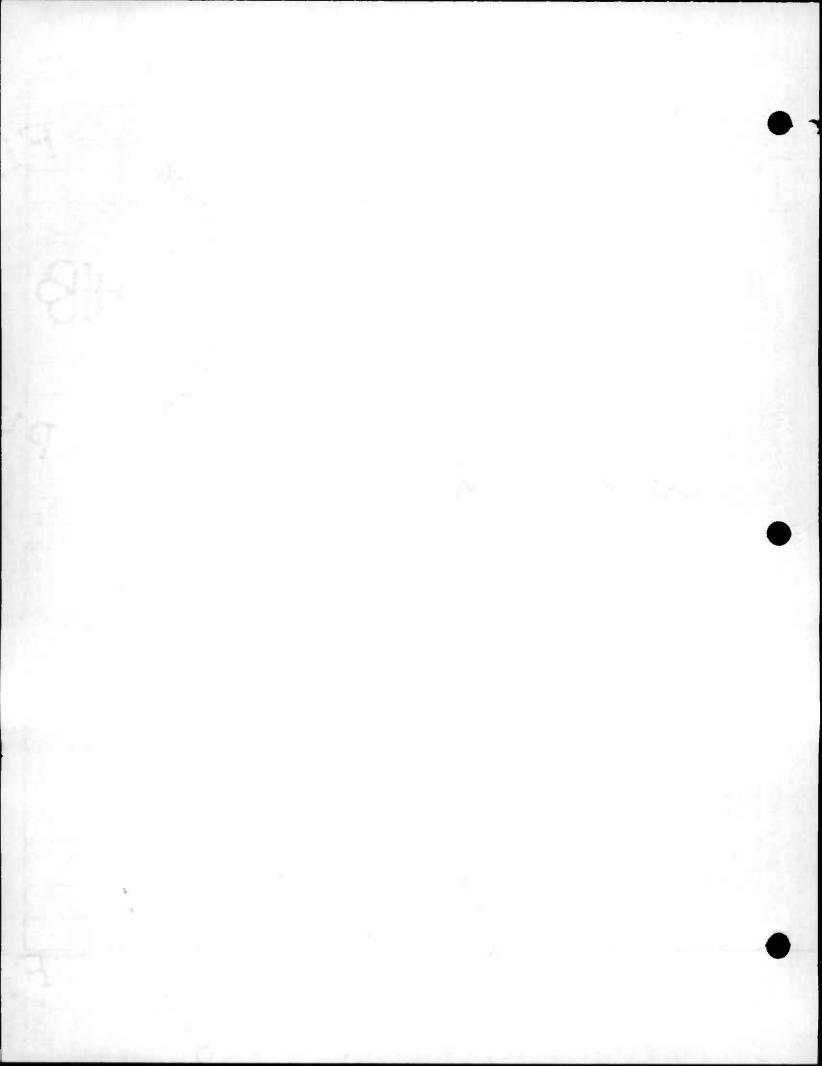
Fredrick St.

32. REGISTRAR'S SIGNATURE

Juna Devidson-Randall

	bertha Louise Est	пешан					9	1 11302
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND C		ENT OF HEALTH A ATE OF DEATH		TAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Bertha	Estelman	,		- 10	ONTH DA	7 91	an 6.30 Am
	242 52 2012	5. SEX 1 M 2 K F 73		UNDER 1 YEAR IF UNDER 24 ITHS DAYS HOURS	MARKA (A	Month, Day, Year) Dec. 26,		SHITHPLACE (State or Foreign Country) Maryland
SH.	9a. FACILITY NAME (If not institution, give street Washington County			city, town on Location Hagerstown	N OF DEATH		9c. COUNTY	of DEATH hington
5	RESIDENCE OF DECEDENT							
DIRECTOR		ington		gerstown				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	41 Fairground Aven	iue	=	101. ZIP CODE 217	40		10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 2 X NO			or No— 14.	RACE — American Indien, Black, Whita, atc. Specify: White
COMPLETED BY		OTION 18a. D completed) 18a. C	(Give kind of work its. Do NOT use re	IAL OCCUPATION done during most of working lired.)		16b. KIND OF BUS	INESS/INDUST	RY
MP	b years		Home	maker		Home		
BE CO	17. FATHER'S NAME (First, Middle, Last) Walter Roof				imma Wa	irst, Middle, Meiden ade	Surname)	
5	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number of				
	George L. Eshelma			rground Ave		Hagersto		ryland 21740
	20a. METHOD OF DISPOSITION 1	rel from State Ced	ar Lawn	Memorial P	ark	На		wn, Maryland
	21. SIGNATURE OF PURERVAL SERVICE LICE	Minnich		Gerald N. Funeral Ho				tomac Street n, Maryland
100	23. PART i. Enter the diseases, or co			antar the mode of dyln	ng, such es	cardiac or reepi	ratory arrest	
	IMMEDIATE CAUSE (Final disease or condition	lst only one cause on each lin	ne.	1200 10	211	-1		interval Between Onset end Deeth
	resulting in death) a.	DUE TO (OR AS A CONS	SEQUENCE OF):	2				much
Z	Convention that conditions b.	Cancy	af il	enknym	182	your		Lem monte
TIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONS	SEOUENCE OF:	1		0		
5	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONS	SEQUENCE OF	ann				few week
CERTIFICATION	resulting in death) LAST	ASHO	Hero	. Diah	els			75
_	PART II. Other eignificant conditione	contributing to death but no	t resulting in t	he underlying cause g	iven in Part	i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDICA						1 TES 2	NO NO	OF DEATH?
Σ								,
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I o	26. PLACE OF OE	EATN (Check o	only one)		
XSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpetient	3 🗆 DOA 4	☐ Nursing Home 5 ☐ Rac				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			1. DEȘCRIBE NOW	NJURY OCCUP	RED
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, factory, office	281	LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	(Chick only	ZAN: To the best of my knowledge,		-				
S		t: On the basis of examination and/	or investigation,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jul B. Sym	h	29c. LICE	18 80	0	≥ 4	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO		TEM 27) (Type Pr	int)				

erstour 1 MD 21740



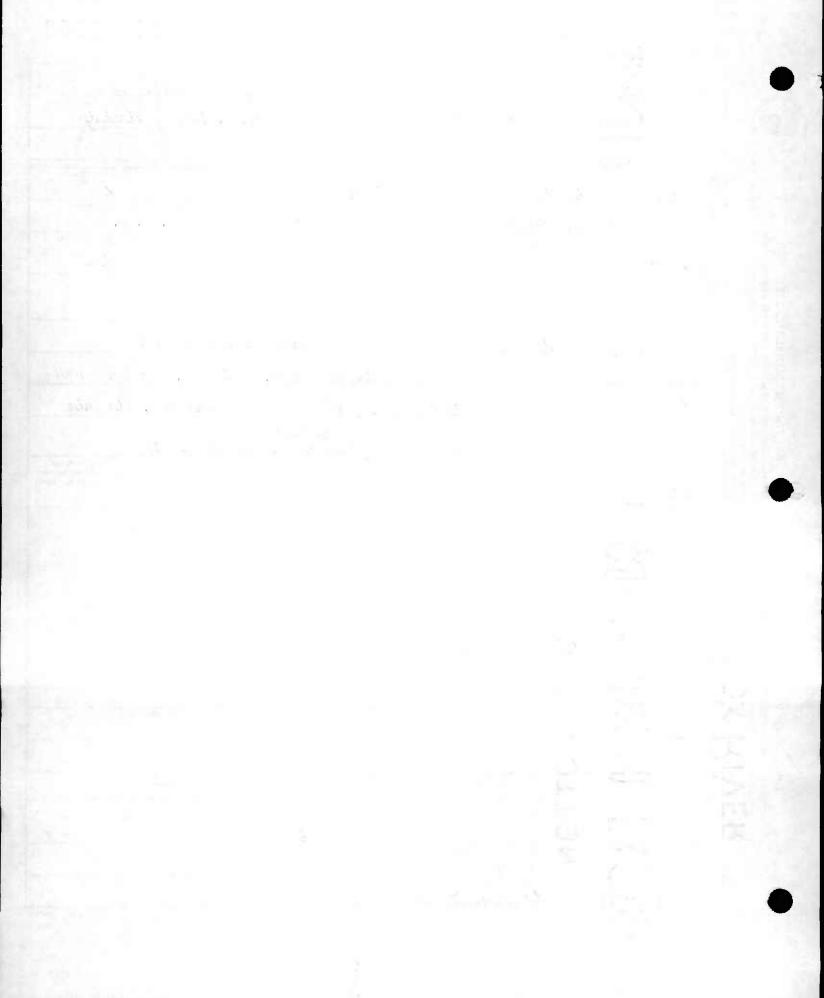
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

9	Page 1	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be relained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	0.7.112 0.7.11	CERTI	FICATE OF	DEATH	REG. NO		
- {	1. DECEDENT'S NAME (First, Middle, Last)	60	0.4	1		2. DATE OF DEATH		3. TIME OF DEATN
ij.	Murtle	K.	čdwa	irds		A OVI - S	199	VEAR 0908 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH	7 6	BIRTNPLACE (State or Foreign
- 7	226-92-2039	1 - M 2 F	9/ YRS.	MONTHS DAYS	HOURS MIN.	Dec. O. 18	399	Virginia
- 11	9e. FACILITY NAME (If not institution, give str	reet and number)	/ *	9b, CITY, TOWN	OR LOCATION OF DI			TY OF DEATH
TOR	PENINSULA GENER		TAL		ISBURY			OMICO
	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY
<u>۳</u>	Maryland Wicon	nico		Salisbury	,			LIMITS?
_	10a STREET AND NUMBER	icco			H, ZIP CODE		10g CITIZE	EN OF WHAT COUNTRY?
FUNERAL DIRECTOR	204 Washington S			- 4	21801		U	S. A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	If yes, s		NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) 'y:	s or No- 1	14. RACE — American Indian, Black, White, etc. Specifylite
	15. DECEDENT'S EDUC	ATION	18e. DECEDENT	'S USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDU	STRY
COMPLETED	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+	Illin Do NOT	of work done during m use retired.)	ost or working			
ᆲ	. 9		Homem	nken		Sels	9	
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	Surname)	
	James Edward K	(illman				Frances	Parke	n.
Ⅱ	19e. INFORMANT'S NAME (Type/Print)	i contra	19h MAILII	NG ADDRESS (Street		Route Number, City or Tox		
2	Ruth Bowden							ryland 21801
	20a, METHOD OF DISPOSITION		20b. PLACE AND DA					ity or Town, State
	1 Burial 2 Cremetion 3 Remo	val from State	of cemetary, cremato	ory or other place)	and the second			, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- UCIVIEW	22. NAME A	ND ADDRESS OF FA	CILITY 41	sewey	, rogana
	0 +	10	11 1	Sal	er tuner	Virginia		
	23. PART I. Enter the diseases, or c	Saly	torde	(hine	coteague,	Virginia	23336	
CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielity list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO DUE TO Local DUE TO	(OR AS A CONSEQUENCE	Derol	ary one	Sorest &	Tise	Interval Between Onset and Desth
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition Here C Make h	contributing to	death but not resulting	g In the underlyle	depte	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	OF WAS CASE SPEEDINGS TO THE TOTAL							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	=0	OTHER:	PLACE OF DEATN (C			
ΥS	1 YES 2 NO		ER/Outpatient 3 🗆 DOA	4 - Nursing No		6 Other (Specify)		
표	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF (Month, D	INJURY 28b, 1	INJURY W	JURY AT ORK?	28d. DESCRIBE NOW	INJURY OCCL	JRED
BY	2 Accident Investigation				YES 2 NO			
	3 Suicide 8 Could not be 4 Nomicide determined		OF INJURY — At home, fam etc. (Specify)	n, atreet, factory, off	ce	28f. LOCATION (Street City or Town, State		or Rural Route Number,
COMPLETED	anal		my knowledge, death occ					rd. e cause(s) end menner ee stated.
	296, SIGNATURE AND TITLE OF CERTIFIES	1	7.5		29c. LICENSE NU	MINER	29d. DATE	SIGNED (Morth, Day Year)
BE	Manage	EIR	(7)		D271	70	110	4/2/01
6	30. HAME AND ADDRESS OF PERSON WIN	O COMPLETED CAU	SE OF DEATH (ITEM 27) (T	rpe, Print) 🖍 🕿	1	10	0 6	10017
	Vr. L. M. Ev.	ange	lista	Sal	Pille	re Folk	44-	IKO #G
8	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE			114	.16.	11801
- 1	400 0 0 °01	A.C. Kai	1. Andago			0		



ND 21215-0020

BALTIMORE, MARY

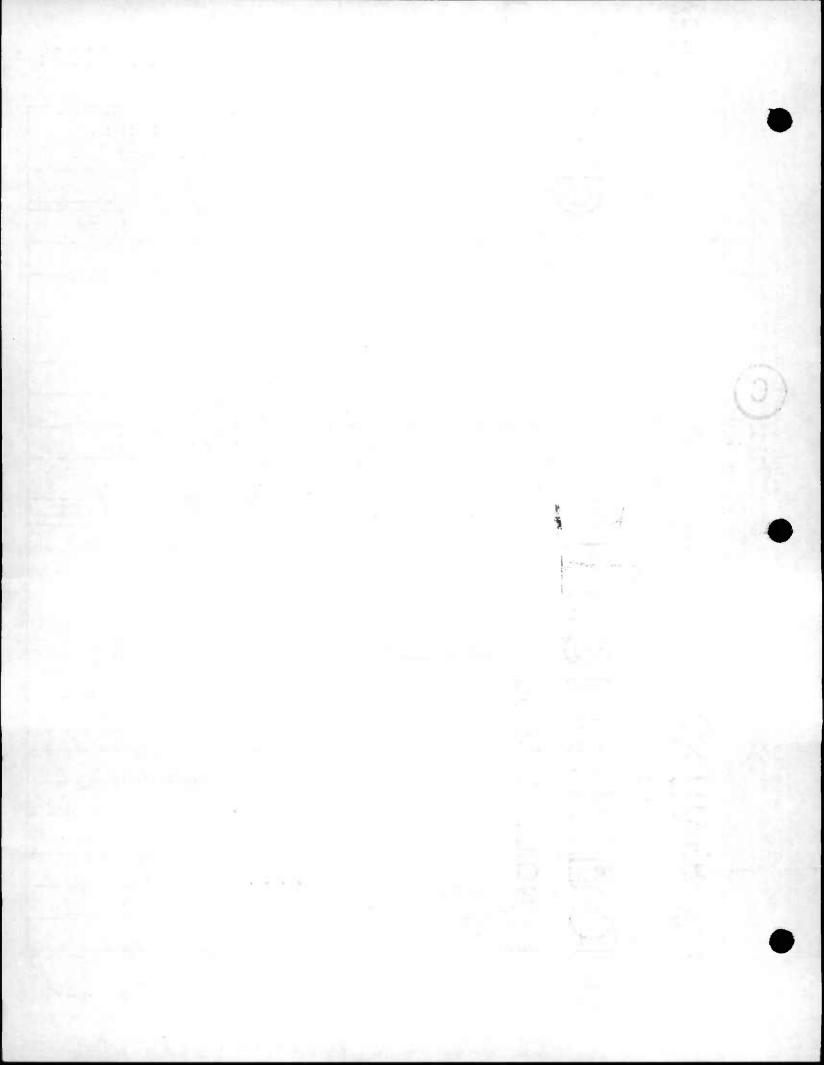
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91-1987-031
FOR
STATE
REGISTRAR

1. DECEDENT'S NAME (First, Midde

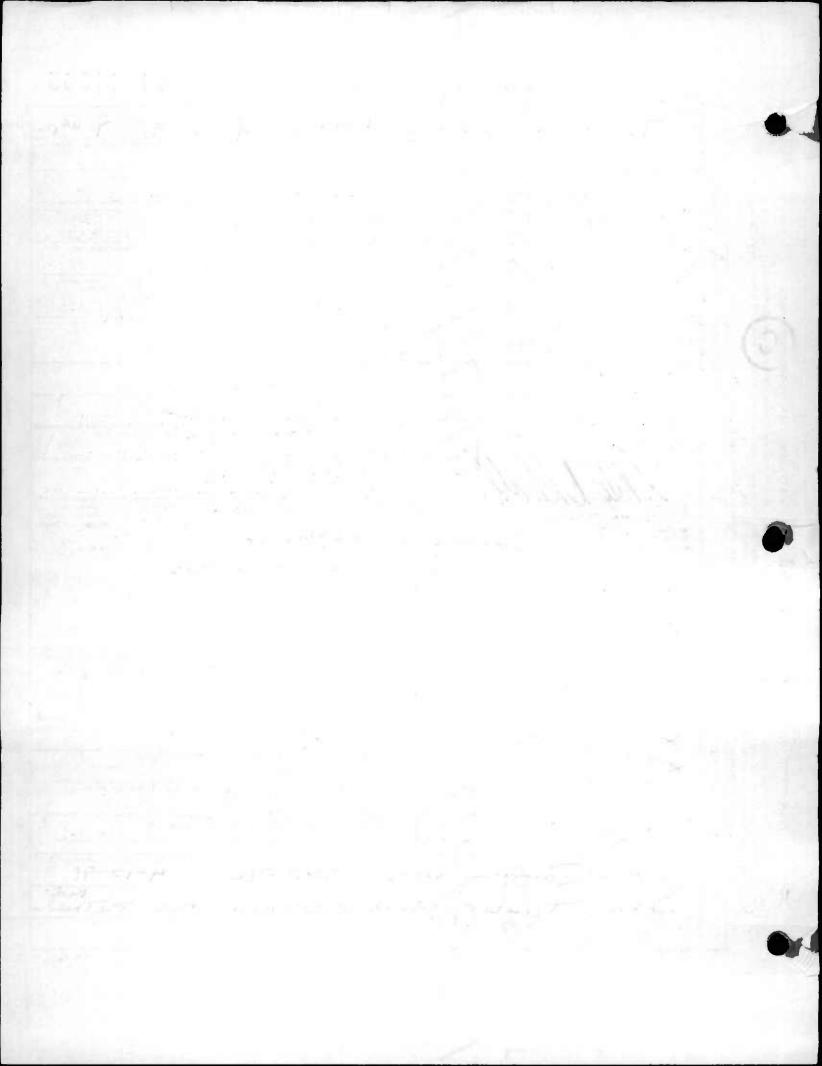
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

A DECEMBER OF A MARKET LOOK			-11111	IOAIL	- 01	DLA			HEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Edward		igene			F	cazie	er	2. DATE O MONTH 04	F DEATH DA		YEAR	S:59 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month,	F BIRTH Day, Year) 2 , 19	32	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number)	1 38	9b. CITY, TOWN OR LOCATION OF DEATH					2,10	9c. COUNTY OF DEATH			
Suburban Hospit	al		Bethesda Mont						gomery			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ГҮ		10c. CITY, TOWN OR LOCATION							L	od. INSIDE CITY	
	tgomery		Olney					_	10d. INSIDE LIMITS?			
106. STREET AND NUMBER	D = 1 + 2				10	. ZIP COD				"		AT COUNTRY?
356 Old I	re .Rd,	MED	40.1	W C DE		832	UIO ORIONIO	(Specify Yea		U.S.F	- American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	NO NO	81	yes, sp		n, Mexica	en, Puerto Ri		or No-	Black,	White, etc.		
15. DECEDENT'S ED	UCATION le completed)	18a. Di	CEDENT'S	USUAL OC	CUPATI	ON ost of working	na	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 11th Grade 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	libs	. Do NOT u	se retired.) Lodi		or works						
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, M	ddle, Maiden	Sumame)		
Roosevelt	t Fra:						Mab]		ee			
	(Daughte	er) 19							er, City or Tow			
Ms Lisa Frazie	er						1, E					20878
20a. METHOD OF DISPOSITION 1		20b. PLACE ELINO I	cremator	rove	Ce	mete	ery	2/1	.5Gai	the	city or Town	g, Md
21. SIGNATURE OF FUNERAL SERVICE L	JCEN96E	4		22.	SNO	WASE	SS OF FA	NERA	L HO	ME I	P.A.	20850
ESLINE K	Mou	Men										ille, Mo
resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSE	OUENCE O	NF): NF):								
PART ii. Other eignificent condition	d	o death but not	resulting	in the un	derivin	O CAUSA	alven in	Part I.	24a. WAS AN	AUTOPSY	24h V	VERE AUTOPSY FINDINGS
									PERFOR	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			-		26. P	LACE OF D	DEATH (C)	heck only one	0			
EXAMINER? 1 X YES 2 □ NO	HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHER 4 Num	₹:			8 Other				
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE C (Month,	F INJURY Day, Year)	28b. TIR	ME OF JURY	28c. IN	JURY AT DRK?		28d. DES	CRIBE HOW I			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE) 1991 OF INJURY — At h J, atc. (Specify) Street	8:0 ome, farm,	OP M atreet, fact			z NO	28f. LOCA City o	TION (Street Town, State)	and Numbe	er or Rural Ro	vauto ute Number, nery Ave/
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best	of my knowledge, d						e to the caus	e(a) and ma	nner as at	eted.	
	MD						C.M				TE SIGNED (Month, Day, Year)
DOWNED G. WAIGHT,		USE OF DEATH (ITI	EM 27) (Typ	e, Print)	Per	an St	ree	t. Ba	ltimo	re Ma	arvlar	nd 21201
31. DATE FILED (Month, Day, Year) APR 12 91	32. REGISTI	Daydon-	Randel					,				



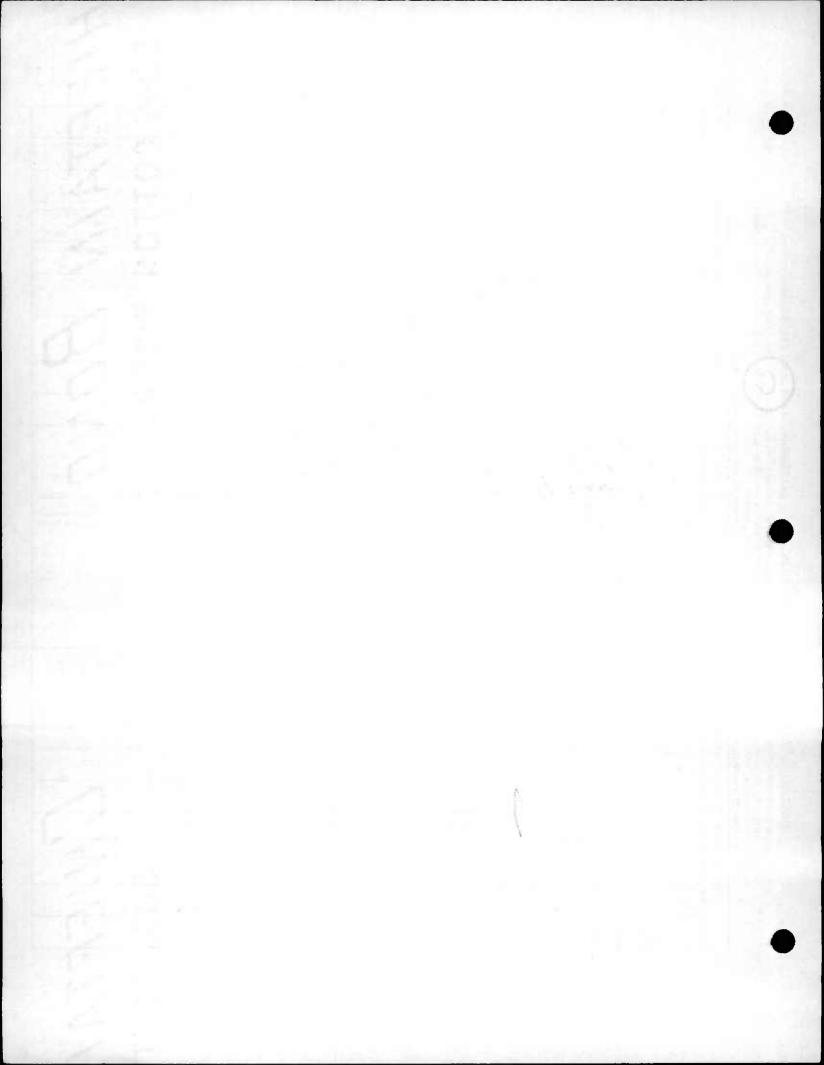
DIVISION OF VITAL RECORDS, P.O. BOX 13146, ABALTIMORE, MARYLAND 21203 3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the companion of physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dealered in the burial-bransit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Midd					100	heia	2. DATE OF MONTH	DAY		YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	20 re		100 G	-		-,7	14	-12	-7		1 - 6		
4. SOCIAL SECURITY NUMBER	1 TM 2 [6. AGE (In yrs.	YRS.	IF UNDER 1	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D			B. BIRTHP Country)	LACE (State or Foreign		
144-14-6768	21	1 00	THS.				Nov 2	4. 19			lersey		
9a. FACILITY NAME (If not institution	on, give street and numb	per)		9b. CITY,	TOWN OF	OR LOCATION OF DEATH				9c. COUNTY OF DEATH			
Holy Cross Hos	spital			Sil	lver	Spring			rylar	nd			
	COUNTY		10c. CIT	Y, TOWN OF	R LOCATI	ON					10d. INSIDE CITY		
Manusland 1	/ a to a a a	_									LIMITS?		
Maryland 1	Montgomery		51	lver	-	ZIP CODE	_	1	10a CITIZ	_	AT COUNTRY?		
								- 1					
12612 Taylor		CEDENT EVER IN U.S.	ABMED	I 42 W	TO DECE	20904 ENDENT OF HISPA	,	Sanath, Van	USA		Amendam today		
1 Never Married 2 Marr	FORCES	7 1 XYES 2		10	yes, spe	city Cuben, Mexico	an, Puerto Rici		OF 140		- American Indian, White, etc.		
3 Widowed 4 Divorced	IF YES,	GIVE WAR OR DATES		'	☐ YES	2 NO Speci	ly:			Specify	White		
15. DECEDER	IT'S EDUCATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	N	16b. K	IND OF BUSI	NESS/INDI	JSTRY			
(Specify only high Elementary/Secondary (0-12)	nest grade completed) College (1-	400.5.0	(Give kind of a	work done di se retired.)	uring mos	at of working	2.000						
Elementally/Secondary (0-12)	7		onomi	at			F	edera	1 Gov	rernm	ent		
17. FATHER'S NAME (First, Middle.	Last)	I E	OHOHIL	SL		16. MOTHER'S N	AME (First, Mid	rtie Mairien S	Sumama)	_			
Edwin A. Flech										1,1 -			
19a. INFORMANT'S NAME (Type/P			19h. MAII INC	ADODECO	(Street or	V1Tg1 nd Number or Rural	inia –						
The state of the County of the State of the											20001		
Mary L. Flechs 200. METHOD OF DISPOSITION	sig	2 200 814				Court,			ing,				
1 Buriel 2 Cremation 3		other	place)	SITION (Nan	THE OF CENT	netery, cremetory or							
4 Donation 5 Other (Spe 21. SIGNATURE OF FURNITAL BE		1 1 10	rt Li	nep1n	- Cro	omatory D ADDRESS OF F		Bre	ntwoo	d, A	laryland-		
. 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	111/	.// .				/Rinaldi		ral H	Om A				
· X MUID	NVIMA	101								TO 10 C	bring, M		
IMMEDIATE CAUSE (Final	failure. List only or	ne cause on each i	ine.	not enter	the mod	de of dying, su	ch as cardis	c or respin	atory arr	eat,			
- 11	failure. List only or	ne cause on each i	ine.	not enter	the mod	de of dying, su	ch as cardis	c or respin	atory arr	eat,	Approximate Interval Betwo Onset and De		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions	failure. List only or	DUE TO (OR AS A CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO OF TO CONDUCTO	SEDUENCE O	The car	the mod	de of dying, su	ch as cardis	c or respin	atory arr	oat,	Interval Between		
IMMEDIATE CAUS (Final disease or condition resulting in death) Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING	failure. List only or	Cardio OUE TO (DR AS A CON	SEDUENCE O	The car	the mod	de of dying, su	ch as cardis	c or respin	atory arr	oat,	Interval Between		
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the conditions	b. Conditions contribut	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE O	F): OTHER 4 Num	derlying 26. PL 8: sing Home 28c. No.1	Cause given in	Part I. 2	4a. WAS AN / PERFORI	AUTOPSY MED?	24b.	WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
IMMEDIATE CAUS (Final disease or condition resulting in death) Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Conditiona contribut EDICAL HOSPIT/1 Inpetie	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE O	OTHER 4 Nun M M M M M M M M M M M M M M M M M M M	derlying 26. PL 8: sing Home 28c. INJU 1 □ Y	g cause given in Residence URY AT RKY 7	Part I. 2 heck only one) 6 Other (28d. DESCI	4a. WAS AN / PERFORI U YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO		
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MAYLAND	THE COLUMN	Court De Seron	offfied at once.
BALTIMORE, MARYLAND	urs after death. Page 6 may be n	In by the funeral director, page 5	edical examiner must be no
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nouns after death. Page 6 may be new 67 m may	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 would be better. As find mithing 75 hours after doors with the Creat Date of Marith and Marital Hariagon and completely filled in by the funeral director, page 5 would be better.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
		4	5

10s. STREET AND NUMBER	1 M 2 F	6. AGE (In yrs. Inc. 89	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	L 9,]	T			
90. FACILITY NAME (If not institution 7505 NEW MARKE' RESIDENCE OF DECEDER 100. STATE 100. C Maryland Mot 100. STREET AND NUMBER	give street and number)	0,5		MONTHS	DAYS	HOURS MIN.	1/16/	O'S Year)		Countr		
7505 NEW MARKE. RESIDENCE OF DECEDER 10a. STATE 10b. C Maryland Mon 10a. STREET AND NUMBER			9b. CITY, TOWN OR LOCATION OF DEATH								ashington,D.	
Maryland Mon			BETHESDA				PEAIH				MERY	
Maryland Mon			I too CIT	y TOWN O	B I OCAT	TON					10d. INSIDE CITY	
Programme Committee of the Committee of	ntgomery		Bethesda						1X YES 2 NO			
7505 New Marke	et Drive		10f. ZIP CODE 20817					10g. CITIZEN O U.S.			WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	RMED NO	H	yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Spec	an, Puerto Rice	Specify Yee o	or No	14. RACE Black Speci	— American Indian, t, White, etc.		
15. DECEDENT	S EDUCATION		ECEDENT'S				16b. KJ	ND OF BUSI	NESS/IND	USTRY		
(Specify only highes	College (1-4 or 5+)	Milita	n. Do NOT us	work done o se retired.)	luring mo	et of working	11.	sed Au	uto 1	Dart	c	
8		Own	ier							art	5	
17. FATHER'S NAME (First, Middle, La Harry Friedma:						18. MOTHER'S N	AME (First, Mide e Shap:		urname)			
19a. INFORMANT'S NAME (Type/Prin		19	b. MAILING	ADDRESS	(Street a	and Number or Rura	-		State Zin	Codel		
IDA FRIEDMAN	(WIFE)					et Driv					817	
20a METHOD OF DISPOSITION 1 Burial 2 Cremention 3 C	Removal from State	other p	dace)			notory, crometory or Sardens			ev.		wn, State land	
21. SIGNATURE OF CURERAL SERV	n or complications that	coused the de	eath. Do r	DAI 117	NZAN 70 R	OCKVILL	DBERG I	ROCE	KVILI	LE,	ELS, INC. MD 20852 Approximate	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		OR AS A CONSE	ANC		_						Interval Between Onset and De 2 4 KS	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE O	F):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	(F):								
PART II. Other significant cor	ditione contributing to	death but not	reaulting	In the un	derlyln	g cause given i	n Part I. 2	Ie. WAS AN A		24b	. WERE AUTOPSY FINDIN	
							_	PERFORM	_	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDI	CAL				26 Di	LACE OF DEATH (best ont and					
EXAMINER?	HOSPITAL:	EDM-4-4-4	a CI pas	OTHER	3:			Name of the last				
27. MANNER OF DEATH	28e, DATE OF		28b. TIM			ne 5 X Residence		Specify)	BIDY OO	YIDED		
1 Natural 5 Pendin	(Month, De		IN	M	WC	PRK?	200, DESCR	IIDE NOW IN	JUNY OCC	ONED		
3 Suicide 6 Could 4 Homicide determ		ome, farm,	atreet, fact	ory, offic	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	PHYSICIAN: To the best of (AMINER: On the basis of ex										e) end manner as states	
295 SIGNATURE AND TITLE OF CE	RTIFIER	Λ .				29c. LICENSE N	UMBER		29d. DATI	E SIGNED	(Month, Day, Year)	
Conm	WISHE	(MD)				1289	o (de				10, 1991	
30. NAME AND ADDRESS OF PERS	on who completed caus , M.D., 5410											



3. TIME OF OEATH

5:45

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximate interval Between **Onset and Death**

BIRTHPLACE (State or Foreign Country)

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

HELEN

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, 1987)
APR 12 91

SHIELDS

5. SEX

FOSTER

	214-32-936	8	1 🗆 M 2 💢 F	89	YRS. MOH	THB D	WE HOURS MIN.	Feb	12, 19		ndia	na
_	9a. FACILITY NAME (# not		ALTEROPES CONTRACTOR		- 177		WN OR LOCATION OF D	EATH		9c. COUNTY		
DIRECTOR	Holy Cross	Hospi	tal		5	Silv	er Spring			Mont	gome:	ry
EC	10a. STATE	10b. COUNT	Υ		10e. CITY, TO	10c. CITY, TOWN OR LOCATION						d. INSIDE CITY
	Maryland	Monte	gomery		Silve	er S	oring				1 [YES 2 NO
FUNERAL	10e. STREET AND NUMBE						10f, ZIP CODE					T COUNTRY?
NE	2401 Birch	Drive					20910					tates
8	1 Never Married 2 3 Widowed 4 Di		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XI		If ye	s DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 X NO Specif	nn, Puerto Ri		or No 14	Specify:	American Indian, Thita, etc. White
COMPLETED		CEDENT'S EDU		16a. DE	CEDENT'S USU	AL OCCU	PATION ng most of working	16b. I	(IND OF BUS	INESS/INDUS	TRY	
Ę	Elementary/Secondary	(0-12)	College (1-4 or 5 +	,		ired.)] D.		-£ C-		
N O	17. FATHER'S NAME (First,	Middle, Last)	4	CIII	oloyee		16. MOTHER'S NA			of Ce	nsus	
6 111			Shields				Lillia			rison		
TO BE	19a. INFORMANT'S NAME	(Type/Print)					reet and Number or Rural	Route Numbe	r, City or Town	n, State, Zip Co	ode)	
2	Joanne Fos	ter Cr	ichton		inton Street, Silve						20901	
	20a. METHOD OF DISPOS 1 Durial 2 X Creme		noval from State	20b. PLACE other pi	lanal	-	of cemetery, cremetory or			CATION — CIT		
5	4 Donation 5 Oth						Cremator	Silver Sprin			g, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A.											
	MOO827 933 Gist Ave, Silver Spring, MI 23. PART - Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,											20910
CERTIFICATION	Sequentielly list conditions if eny, leeding to immorate CAUSE (Disease or in that initiated events resulting in death) LA	ediete YING Jury	Pneumo Due to Conge:	OPULMONO (OR AS A CONSE ONIA (OR AS A CONSE STIVE HO (OR AS A CONSE	QUENCE OF): QUENCE OF): Eart fa		re			ų		
MEDICAL	PART II. Other eignifi	cant conditio	na contributing to	death but not	t not resulting in the underlying cause given in				24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO			ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
YSICIAN:												
C	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			HER:	26. PLACE OF DEATH (C					
HYS	1 TES 2 NO		1 (npatient 2 (28a. OATE OF	-	28b. TIME OF	28	Home 5 Reeldence			NJURY OCCU	RED	
Y PH		Pending Investigation	(Month, D	my, Year)	INJURY		WORK?					
PLETED BY PHYSICIA	2 Accident 3 Suicide 5 4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	URY — At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Nun City or Yours, State)			
= 3	anal C						, date and place, and du					nd manner as stated.
E W	296. SIGNATURE AND TIT	LE OF CHITIFIE	1	. ~	29c. LICENSE NUMBER					29d. DATE S	SIGNED (M	lonth, Day, Year)
TO B		100	$M\lambda$	D08544				April 10, 1991			10, 1991	
1	30. NAME AND ADDRESS		HO COMPLETED CAUS	SE OF DEATH (ITE)	1 1104				
	John J. M	zeno1	10, M.D.		47	UTF	Randolph Ro	1 #216	, Roc	kvill	e, MD	20852

STRAP'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH

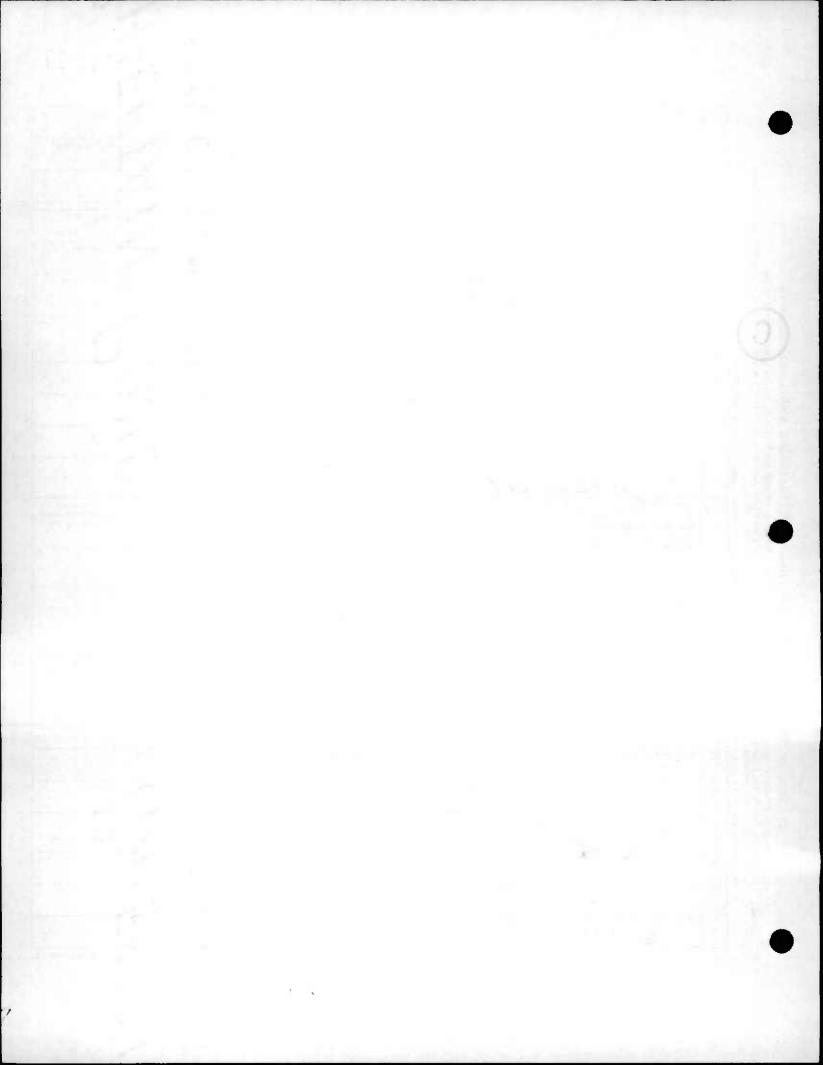
7. DATE OF BIRTH

10

1991

APRIL

DHMH-15 Rev 1/89

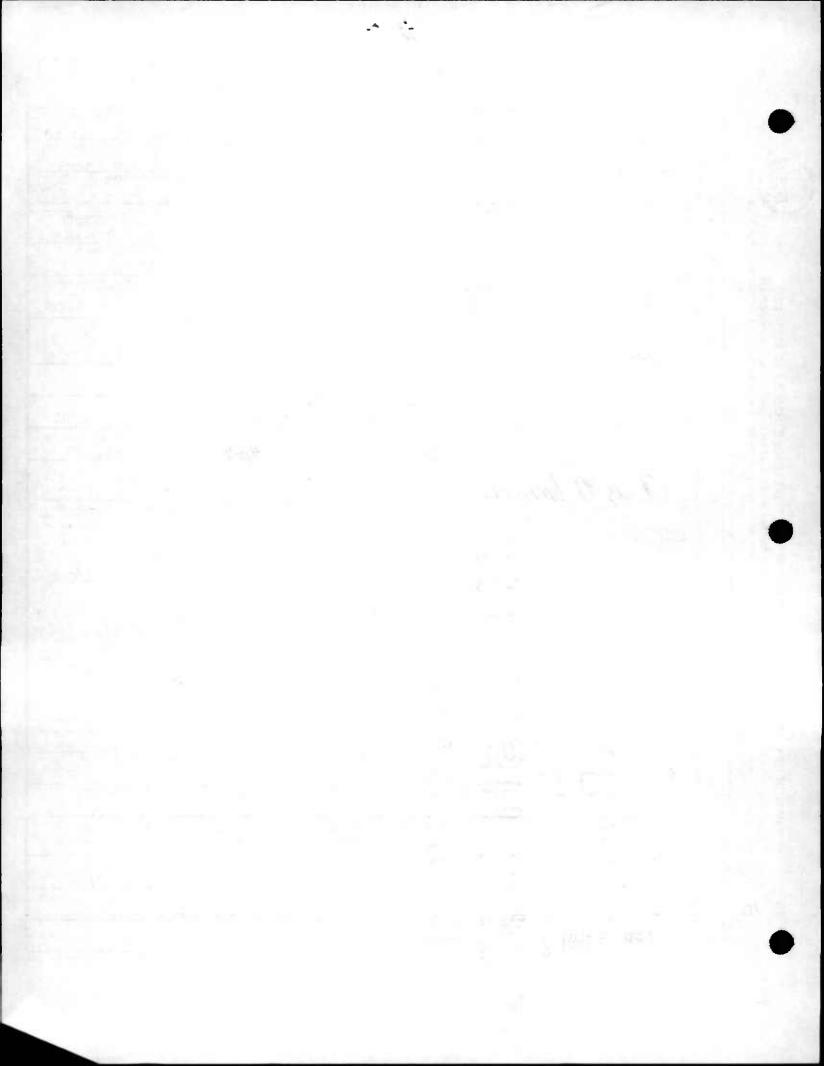


s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached emoval.	lical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by firet within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
10 THE	TO THE	IMPO	

STATE O	F MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	С	ERTIFICATE	OF DEAT	TH		REG. NO.
						_

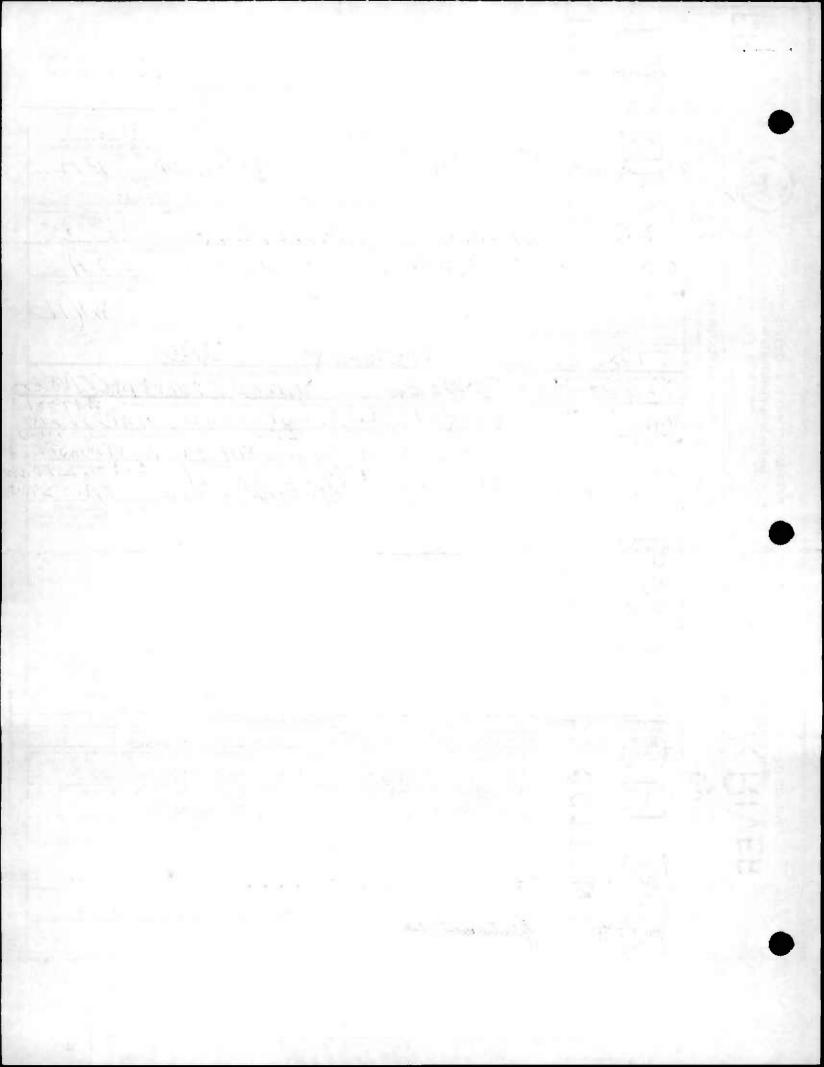
	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR					YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH DAY		3. TIME OF DEATH
	VITO VINCENT	FIORENTINO					MONTH	1.2	1991 YEA	11:05 1
			yrs. last birthday)	IF UNDER 1		DER 24 HRS.	7. DATE OF I	SHTH V Mone)	n. Bi	RTHPLACE (State or Foreign ountry)
	132121600	1 × M 2 □ F 7	3 YRS.	MONTHS	DAYS HOUR	S MIN.		6-17		EW UORK
	9e. FACILITY NAME (If not institution, give street				TOWN OR LOCA				9c. COUNTY C	
E	SACRED HEART HO	SPITAL		cui	MBERL	AND			ALLE	GANY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OF	LOCATION		-			10d. INSIDE CITY
띩	MARYLAND ALLE	GANII	CI	IMBF	RLAND					LIMITS?
7	10e. STREET AND NUMBER	g/iiig	1 0	XIND L	10f. ZIP C	ODE			10g. CITIZEN (OF WNAT COUNTRY?
EB	443 N. CENTRE ST	TREET			213	502			USA	
FUNERAL		2. WAS DECEDENT EVER IN U FORCES? 1 X YES	J.S. ARMED		AS DECENDEN				r No 14. F	IACE — American Indian, llack, White, etc.
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE			yes, specify Cu			n, arc.)		bechv:
		W.W.II	4- 0505051710	1101111 00						WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	8a. DECEDENT'S (Give kind of a life. Do NOT us	VORK done do no retired.)	uring most of wo	rking	16b. Kil	ID OF BUSIN	IESS/INDUSTF	N .
F.	Elementary/Secondary (0-12)	College (1-4 or 5+)	OURNEY				RB	8 0	RAILR	OAD
MO	17. FATHER'S NAME (First, Middle, Last)	Р	0 434.7.2 3				ME (First, Midd			0,12
Ö	UNKNOWN					INKNO			,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street and Num	ber or Rural i	Route Number,	City or Town,	State, Zip Code)
임	SOL GLICKSMAN		16 N	. A1	legan	y St.	-Cuml	perla	ind, A	ND 21502
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove		PLACE AND DATI				1		TION — City o	or Town, Stata
	4 Donation 5 Dother (Specify)	MS	VC-ROC	ку д	iAP		415-91	FL	INTST	ONE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			AME AND ADD			FUNE	DAI H	OME, P.A.
- 1	(Hondy 9). Tu	church								MD 21502
	23. PART I. Enter the diseases, of con	mplications that caused t	tha daath, Do r	not enter t	the mode of	dying, suc	h as cardisc	or respira	tory arrest,	Approximate
	shock, or heart failure. Lis iMMEDIATE CAUSE (Final	only one cause on eac	in lina.							Interval Between Onset and Death
	disease or condition resulting in death)	Kespir	nton	Jorle	n					4 wh
		DUE TO (OR AS A C	ONSEQUENCE	7						4 wh
N	Sequentially list conditions, b.	DUE TO (OR AS A C	yem							10 yrs
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DOE TO (OR AS A C	ONSECUENCE U	r):						
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	F):						+
F	reaulting in death) LAST									
8	DART II Other significant conditions						5 I	E3 218 118		
CAL	PART II. Other significant conditions	contributing to destribut	not resulting	in the und	derlying caus	e given in	Part i. 24	E. WAS AN A		24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	artenvaler	one , then	Janus	۸			1	YES 2	NO	COMPLETION OF CAUSE DF DEATH?
M							-			1 TYES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				26 PLACE O	E DEATH /Ch	neck only one)			
S	EXAMINER?	HOSPITAL:	lant 1 004	OTHER	t:					
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	E OF	Ing Home 5 28c. INJURY AT				JURY OCCURE	D
∠ P	1 Natural 5 Pending	(Month, Day, Year)	IN.	M	WORK?	2 NO				
р ву	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specify	Al home, farm,	atreet, facto	ory, offica		28t, LOCATH	ON (Street an own, State)	d Number or R	ural Route Number,
COMPLETED	4 Homicide determined	anang, ata (opcon)					Only or 7	own, Gtate)		
P.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my knowled	dge, death occurr	ed at the tir	me, date and pl	ace, and due	to the cause(a) and menn	er as stated.	
NO	anal	On the basia of axamination a								use(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER	BOTT I			29c.	LICENSE NU	MBER		29d. DATE SIG	NED (Month, Day, Year)
) BE	Ling Dry	MD				0125	32		D 4/	12/9/
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	ГН (ITEM 27) (Тур	, Print)					/	(
	GEORGE BREZA	M.D. RMC 9	12 SETO	N DDI	VE CUM	BERLA	ND M	215		
	31. DATE FILED (Month, Day, Year) APR 1 5 1991	32. REGISTRAR'S SIGNAT	TURE		15 001	DEKEN	TAD'S THE	• 415	002	

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TO BE COMPLETED BY FUNERAL DIRECTOR

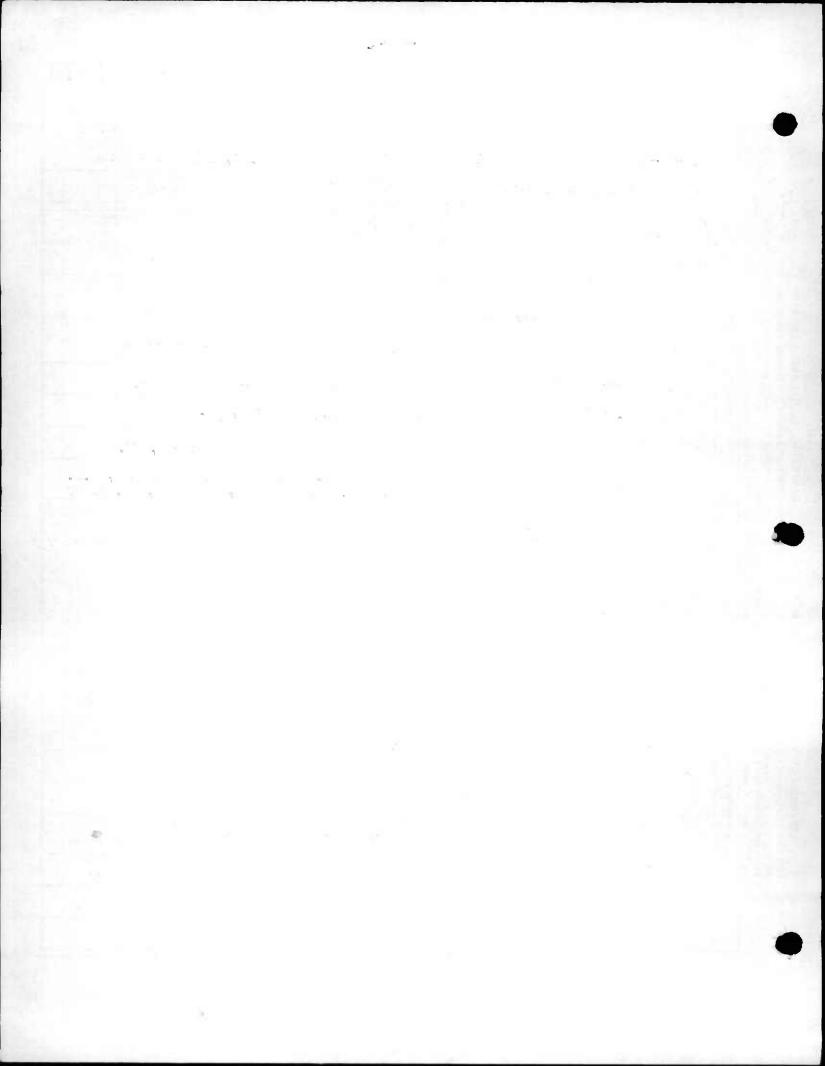
1 - STATE REGISTRAR	SIAIE UF MIANTLAN		ICATE OF		MENIAL HIGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Matthew	Leigh		Frock		04 14		1 3:15 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign country)
177-42-2701	1 M 2 D F 2	L YRS.	MONTHS DAYS	HOURS MIN.	DEC. T	1966	PA
9e. FACILITY NAME (If not Institution, give	street end number)	-	9b. CITY, TOWN	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
3039 Menges Mill	Road		Westmin	stor		Carr	011
RESIDENCE OF DECEDENT						1 Carr	
100. STATE 0 0 10b. COUNT	4 . 4 .	10c. CIT	Y, TOWN OR LOCA	NON .A.	1 10		10d. INSIDE CITY LIMITS?
1 1	ADAMS		071	HIVO	VER		1 YES 2 NO
100, STREET AND NUMBER 45 0 LD	WESTM	1,185		ZIP CODE	33/	10g. CITIZEN	of what country?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES				NIC ORIGIN? (Specify) on, Puerto Ricen, atc.)	ee or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Specif		. 10	Specify: 1.// T
15. DECEDENT'S ED	I YYO	DECEDENT'S	USUAL OCCUPATION	NI .	405 KIND OF S	USINESS/INDUST	WAII
(Specify only highest grad	le completed)	(Give kind of life. Do NOT u	work done during mo	st of working	IOD. KIND OF B	O3INE33/INDO31	N'
Elementary/Secondary (0-12)	College (1-4 or 5+)	17/	P11/1=	P	111	05.	
17. FATHER'S NAME (First, Middle, Last)			IVA	10 HOTHER'S NA	ME (First, Middle, Meide	- Cumamai	
SESSE	W/ FRO	OCK		IS. MOTHER'S NA	IET	BP1	MCAR
19e. INFORMANT'S NAME (Type/Print)	- 1 11	19h MAII IN	ADDRESS (Street	and Number or Burnt	Route Number, City or T	num State Zin Co.	W PA 1722
JAN/ET B	FROLK	1 45	DLO	1/257	1 ROA	Swit, State, 210 Co.	Andouses
20s. METHOD OF DISPOSITION	20h P	ACE AND DAT	E OF OISPOSITION	(Name)	DATE 20c.	LOCATION — City	or Town, State
20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)	moval from State of cen	netary, cremator	y or other glace)	mil/	12/17	/10 h	1=57 M1457
21. SIGNATURE OF FUNERAL SERVICE L		TN	22. NAME A	ND ADDRESS OF FA	CILITY -	1	1771157
· n.1	1771	2(1	4,5	TIE"	51-1	7 . "	-11/2/2011
23. PART I. Enter the diseases, or	1 Sauce	A	3	4 m1	ADLE K	11/2	- PA113
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Confact (DUE TO (OR AS A C	OMSEQUENCE O	of wo	<u>(</u>	1) hea	4	Onset and Deat
On any and the line was divined	b						
Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE (OF):				
CAUSE (Disease or injury	C						
that initiated events resulting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE (OF):				i
	d						
PART II. Other algolificant condition	ona contributing to death but	not resulting	in the underlyin	g cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
					0-36	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					HEAD		OF DEATH? 1 Series 2 □ NO
					11/0.1		19010 0 0 110
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	heck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpati	ent 3 🗆 DOA	OTHER:		6X Other (Specify)	rimor.	
27, MANNER OF DEATH	28a. DATE OF INJURY	26b, TI	ME OF 28c. IN	JURY AT	28d. DESCRIBE HON		EO
1 Natural 5 Pending	(Month, Day, Year)	10	55 A 1 🗆	DRK?	Self inf		
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -	At home, farm,			26f. LOCATION (Stre	et end Number or	WOUTIG
4 Homicide 6 Could not b	building, atc. (Specify, In drive)			3039 Men	rte)	
290. CERTIFIER				01/01/2011 - 3/10/			4
(Check only	SICIAN: To the best of my knowled NER: On the basis of examination of						buse(a) and marries as state 4
			on, in my opinion,				
296. SIGNATURE AND PITLE OF CENTIF	2			29c. LICENSE NU	IMBER	29d. DATE S	GNEO (Month, Day, Year)
	TO COMPLETE OF			O.C.M	.Е.	04	14 1991
30. NAME AND ADDRESS OF PERSON V	COMPLETED GUISE OF DEAT	н (ITEM 27) <i>(Тур</i>	e, Print)				
SIL DATE PILED WOULD CON THOU	JAME DAST BENEF	1	11 Penn	Street.	Baltimore	Maryla	nd 21201
APR 17 91	MAR'S EIGNAT	4HEADON INC.					



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF M	IARYLAN	D / DEPAR					MENTAL	REG. NO.		<i>J</i> 1	11070
1. DECEDENT'S NAME (First, I	Middle, Leat)	Lawrence	- Jo	seph	Fala	sca			2. DATE MONTH	OF DEATH DAY	,	YEAR	3. TIME OF DEATH 4 15 A M
4. SOCIAL SECURITY NUMBER 075-09-0670		5. SEX 1 X M 2 7 F	6. AGE (In yr	s. last birthday) YRS,	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE ((Month)	26, 19	14		PLACE (State or Foreign 'York
9e. FACILITY NAME (If not inst			- / /	THS.	9b. CITY	. TOWN (OR LOCATE	ON OF DE		20, 13	9c, COUNT		
Bel Air Conv			er			el P						for	
RESIDENCE OF DECI	EDENT 10b. COUNTY												
Maryland		ford			ry, town of Edgew		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10s. STREET AND NUMBER							. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
2007 Hanson	Road						210	40			J	JSA	
11. MARITAL STATUS 1 Never Married 2 X A 3 Widowed 4 Divorce		IF YES, GIVE W	YES 2	NO		If yes, sp		n, Mexica	n, Puerto R	? (Specify Yee lican, etc.)	or No—	Specifi Whi	
	DENT'S EDUCA	ATION		e. DECEOENT'S	work done	CCUPATIO	ON ast of working	na	16b.	KIND OF BUS	INESS/INDU	STRY	-
Elementary/Secondary (0-1	- T	College (1-4 or 5 +)	Mili	use retired.)					US-	Govei	mme	nt
17. FATHER'S NAME (First, Mid Joseph -	idie, Last)	Falasca						HER'S NA		Aiddle, Maiden S		nomo)
190. INFORMANT'S NAME (7) Margaret M.		ca		19b. MAILING 2007	G ADDRES Hans	S (Street a	Road	or Rural	Route Numb	od, City or Town	210 ²	Gode) 40	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 4 Donetion 5 Other (3 🗆 Remot	val from State	oth	ACE OF OISPO					ns		ation — c		
21. SIGNATURE OF FUNERAL HOLLIGAR	SERVICE LICE	NA CON	ues'	UI	H	owar		McC	omas				ome, P.A.
23. PART I. Enter the dis ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	art fellure. L	omplications that list only one cau	se on each	line.						liac or reapir	atory arre	oat,	Approximate interval Between Onaet and Deeth May IL
Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST	Hete NG Ty			ONSEQUENCE (
PART II. Other algnifican	nt conditions	contributing to	death but	not resulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 200 NO
25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL			Lac		LACE OF D	EATH (C	neck only on	(0)			
1 TYES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE 4X Nu		ne 5 🗆 R	eeldence	8 🗆 Othe	r (Specify)			
	Pending nvestigation	28e. DATE OF (Month, D	INJURY ay, Year)	28b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DES	CRIBE HOW IN	JURY OCC	UREO	
3 Suicide 8 C	Could not be letermined	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, farm,	, street, fac	tory, offic	ie .		281. LOC. City	ATION (Street a or Town, State)	nd Number	or Rural R	loute Number,
ana)		IAN: To the best of) end menner es stated.
29b. SIGNATURE AND TITLE	rough	n					D	340	652		D 9	1-1	(Month, Day, Year)
30. NAME AND ADDRESS OF Scott	0 11	Swell		20 Typ	Boy I	Hon		5+	B	el Au	- M	0	21014
31. DATE FILEO (Month, Day,)	¹ 91	32. REGISTRA	Davidson	n-Aanda	92							FC :	

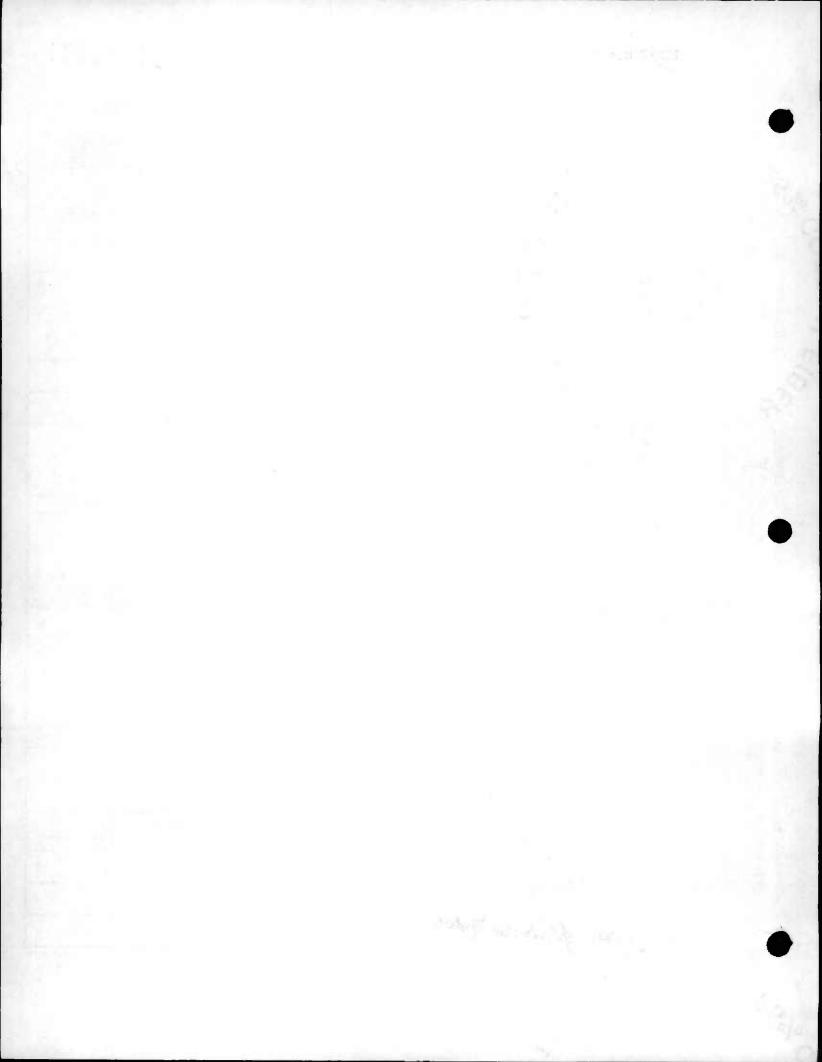


BALTIMOBE MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within < nours after death. You are manned by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral limitary has a signed by the attending physician and completely filled in by the funeral limitary and limit the State heart with the State heart of Health and Merital Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinm gunt be multipled at once.
13146	executed w	and comp o burial, cr	matic eve
BOX	ificate be (physician ane prior to	her traun
P.0.	death cert	aftending antal Hygie	ry, or ot
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	s that the c	afth and Me	any inju
REC	aw require	s been sig	3 shows
VITAL	AN: The Is	tificate has	r item 2
I OF	3 PHYSICI.	or this cer.	arked, o
ISION	ATTENDING	CTOR: After	28 Is m
<u>N</u>	ITAL OR A	RAL DIRE	If Item
	TO THE HOSPI	TO THE FUNER	IMPORTANT

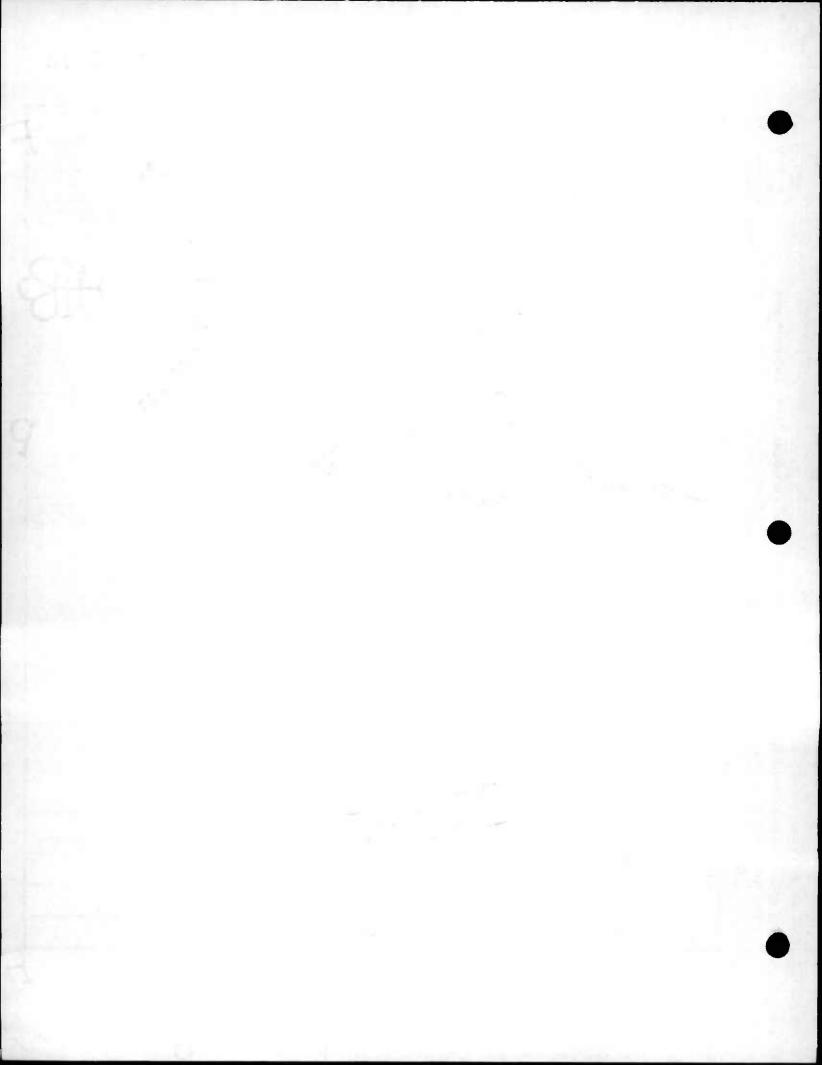
H 4 DECEDENTIO MARKE (Class	Address to an			CERTIF	ICATE	OF	DEAT	н	REG. NO.			3. TIME O	E DEATH
1. DECEDENT'S NAME (First, Willar		. Fitz	wa + 0	r					MONTH DA		YEAR O.1		40 A.M
4. SOCIAL SECURITY NUMBI		5. SEX	_	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	April 1	14/10	6. BIRTI	HPLACE (Sta	te or Foreign
218-32-57	27	1 XM 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1.8	Vi	mgin	ia
9a. FACILITY NAME (If not ins		treet and number)			9b. CITY,	TOWN C	OR LOCATIO	ON OF DE			NTY OF E		-
19515 Fre	deri	ck Road	Lo	t 130	Ge	rma	anto	wn		Мо	ntg	omer	У
RESIDENCE OF DEC	EDENT	v		10c CI1	Y, TOWN O	P LOCAT	TION					10d. INSIC	DE CITY
19515 Fre RESIDENCE OF DEC 10a. STATE Maryland		tgomery		100. 011			ntow	n				LIMIT	2 NO
	11011	ogomer 1			GET	7.7	f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUR	
19515 Fre	deri	ck Road	Lo	t 130			208	76		Am	eri	can	
11. MARITAL STATUS		12. WAS DECEDER					ENDENT O	F HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RAC	E — Americ	en Indian,
1 Never Married 2 X		FORCES?					2) NO		n, Puerto Rican, etc.) y:		Spec		ite
	EDENT'S EDU	MMII		16a. DECEDENT'S	l lieum oc	CHIDATI	ON		16b. KIND OF BUS	DIMESS /INI	DUSTRY		
(Specify only	highest grade	completed)		(Give kind of	work done o	during mo	ost of working	ng	IOU. KIND OF BOX	311453371141	DOSTRI		
Elamentary/Secondary (0	-12)	College (1-4 or 5	+)	Landso	aper	:			Land	scap	ing		
Elamentary/Secondary (0 6	ddle, Last)						16. MOTI	HER'S NA	ME (First, Middle, Maiden	Surname)			
Loyd Home	r Vi	ctor Fi	tzwa	ter			Ad	a E	thel Wall	ker			
19. INFORMANT'S NAME (7	/pe/Print)			19b. MAILIN	G ADDRESS	(Street	and Number	or Rural	Route Number, City or Tow	n, State, Zi	p Code)		
Nancy L. H	urle	У		1530)1 Cc	omu	s Ro	ad,	Boyds, 1			841	
20a. METHOD OF DISPOSITI	n 3 🗌 Ren	noval from Stata	20b.	other place)			-					own, State	
4 Donation Tother	_	CENTRE.		Restha			MOTI		Gardens :	Fred	leri	ck,	Md.
21. SIGNATURE OF PUBLISH	- 9	Kall	11	1/					esworth,	P.A	.,F	uner	al Ho
- Toher	レベー	1420							arvland			2	
23. PART I. Enter the di		complications the List only one ce			not enter	the mo	ode of dy	ing, suc	ch as cardiac or reap	iratory a	reat,		oroximata ervai Betwee⊓
IMMEDIATE CAUSE (Fir	nal	1.6	2									On	et and Death
disease or condition reaulting in death)	→	· Cal	Du	Can	el)	2							
		00E 11	U (UH AS A	CONSEQUENCE	Ur):							İ	
Sequentially list conditi		b. DUE T	O (OR AS A	CONSEQUENCE	OF):								7 4
If any, leading to imme- cause. Enter UNDERLY	NG	c											
CAUSE (Disease or injution that initiated events		DUE TO	O (OR AS A	CONSEQUENCE	OF):		-						
Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	' L	d											
PART il. Other significa	nt conditio	ns contributing t	o death b	ut not resulting	in the ur	nderlylr	ng cause	given ir			24		TOPSY FINDINGS
									PERFO				E PRIOR TO TON OF CAUSE
										A'A			2 🗌 NO
		-											
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	O MEDICAL	HOSPITAL			1 07115		PLACE OF D	DEATH (C	heck only one)				
1 YES 2 NO		HOSPITAL:	☐ ER/Outp	patient 3 🗆 DOA	4 Nu		me 5 🗆 R	lasidence	6 Cher (Specify)				
27, MANNER OF DEATH		26e. DATE ((Month,	Day, Year)	28b. T	IME OF NJURY	W	JURY AT		26d. DESCRIBE HOW	INJURY O	CCURED		
	Pending Investigation				M.		YES 2	□ NO					
	Could not be		g, etc. (Spe	' — At home, farm city)	, street, fac	tory, offi	ice		28f. LOCATION (Street City or Town, State		er or Hura	r Houte Num	Der,
2 Accident									1				
2 Accident	determined				rred at the	time, dat	te and plac	e, and du	e to the cause(a) and ma	anner as s	tated.		
2 Accident	determined		-	_	dlan da mu	antalan	double name		a stone state and place	and show to	the course	ofo) and ma	near as stated
2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 CERT One) 2 MED	TIFYING PHY	NER: On the basis of	-	_	tion, in my	opinion,	_		e time, data and place, a				
2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED	TIFYING PHY	NER: On the basis of	-	n and/or investiga	tion, in my	opinion,	_	CENSE NI				e(a) end ma ED (Month, E	
2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED 29b. MATURE AND TITLI	TIFYING PHY	ER/	examinatio	on and/or investiga	D	opinion,	_						
2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 CERT (Check only 2 MED 29b. BASHATUAE AND TITLL 30. BAME AND ADDRESS O	TIFYING PHY	ER COMPLETED CA	UVU WSE OF DE	ATH (ITEM 27) FIX	De, Print)		29c. LK	ENSE NI	INBER	29d. D/	ATE SIGNI	ED (Month, E	
2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED 29b. MATURE AND TITLI	TIFYING PHY CAL EXAMIN F PERSON W Peri	ER/	UVU WSE OF DE	ATH (ITEM 27) FIX	De, Print)		29c. LK	ENSE NI		29d. D/	ATE SIGNI	ED (Month, E	lay, Year)

UTIVA

DHMH-16 Rev 1/89



	Charles Ed	lward r	itzwate	20)	11314
	FOR STATE REGISTRAR		STATE OF 1		DEPAR					MENTAL HY	GIENE 3. NO.			
1	1. DECEDENT'S NAME (First,	Middle, Last)	E,	Fitz	- Wa	te	-			April 1	L6,	1991		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 236-14-7041		5. SEX t 🐼 M 2 🗌 F	6. AGE (In yrs. In	est birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	July 2	Viner)	010	Countr	PLACE (State or Foreign Virginia
İ	9a. FACILITY NAME (If not in:			/1	******	9b. CITY	, TOWN C	R LOCATI	ON OF DE		, 1		INTY OF D	
OR	Washington		/ Hospita	a1		На	agers	stown	n			Was	shing	ton
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c. CI	Y, TOWN	OR LOCAT	ION			-			10d. INSIDE CITY LIMITS?
듬	Maryland	Wash	nington			Hager	sto	vn						1 X YES 2 NO
FUNERAL	1136 Potoma	A					101	217				t0g. CIT		HAT COUNTRY?
NE I	11. MARITAL STATUS	ic Avei	12. WAS DECEDER	T EVER IN U.S. A	RMED			ENDENT (OF HISPAI	NIC ORIGIN? (Spe		or No-	USA 14. RACE	— American Indian,
BY FI	1 Never Married 2 X			X YES 2 MAR OR DATES	ino WW2			2 X NO		an, Puerto Rican, o y:	olc.)		Speci	
	15. DEC	EDENT'S EDU	CATION	16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON .	ing	16b. KIND	OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	+) //	fe. Do NOT a	ise retired.)	during inc	at or work	reg.		173			
COMPLETED	12 years	licidin Last)	2 years	OI	ficer			18 MOT	HER'S NA	Air	_			
	Carl F. Fit		r					Elv	a Ma	e Helmi	ck			
TO BE	19e. INFORMANT'S NAME (7									Route Number, City				
	Mary V. Fit		r		1136 E OF DISPO					Hagerst			rylar - City or To	
	t XBurial 2 Cremetic	n 3 🗆 Rem	oval from State	Arlin	place) ng ton	Nat	i.ona	1. Cei	mete				-	irginia
	21. SIGNATURE OF FUNERA		ENSEE 1	~ /	1					ACILITY				nac Street
	selale	(1)	1. 1/1	MUND	И			al H						Maryland
1-1-	23. PART i. Enter the dishock, or h		complications th	una an anah H-										Approximete Interval Between
	iMMEDIATE CAUSE (Fir				0/10			(-+	0	Elive 1	4	2.		Onset end Death
	resulting in death)	\rightarrow	a. DUE TO	O (OR AS A CONS	EQUENCE	0F):	O	(J)	me	eque /	14	Dic	groon	7
z			b									O) F	eas	0
AT 10	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY	diete	DUE TO	OR AS A CONS	EOUENCE	OF):								
CERTIFICATION	CAUSE (Disease or Inju		C. DUE TO	O (OR AS A CONS	EOUENCE	OF):								
EH	resulting in death) LAS	т	d											
- 1	PART II. Other significa	ant condition	e contributing t	o death but not	t resulting	in the u	nderfyln	g ceuse	given in			AUTOPSY	7 248	WERE AUTOPSY FINDINGS
걸	0	ndje	20	wh	1 the	nia	5_				PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME										_				t 🗌 YES 2 🗍 NO
AN	25. WAS CASE REFERRED T	TO MEDICAL					26. P	LACE OF	DEATH (C	heck only one)				
SICI	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:		CONTRACTOR OF THE PARTY OF THE	6 Other (Spe	cify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	Bandina	28a. DATE C (Month,	F INJURY Day, Year)	26b. T	ME OF	W	JURY AT ORK?		28d. DESCRIB	E HOW I	NJURY O	CCURED	
B≺	2 Accident	Pending Investigation	28a, PLACE	OF INJURY — AI	home, farm	. street, fac		YES 2	∐ NO	26f. LOCATION	(Street	end Numb	er or Rural	Route Number.
TED	3 Suicide 6 4 Homicide	Could not be determined		, etc. (Specify)		,				City or Tow				,
PLE	Crieck only	TIFYING PHYS	ICIAN: To the best	of my knowledge,	death occu	rred at the	time, det	e end plac	ce, end du	e to the cause(e)	end ma	nner as s	tated.	
COMPLETE	one) 2 MED	HCAL EXAMINI	ER: On the basis of	examination and/	or Investiga	tion, in my	opinion,	death occ	ured at th	e time, date end p	place, er	nd dua to	the couss	(e) end manner as stated.
BE	29b. SIGNATURE AND TITLE	E OF CENTIFIE	194€	بد احد				290 LI	21C	IMBER		29d. D/	ATE SIGNE	(Month, Day, Year)
5	30. NAME AND ADDRESS OF	F PERSON WI	HEGO.	USE OF DEATH (F	TEM 27) (7)	pe, Print))+K	Hi	(/	WE. 1	1/4	GER	esto	WY. MD
	31. DATE FILED (Month, Day,	18'9	32. REGISTI	Fishe Davi	dson-7	andel	2	- / -		•		1 -	200	
	431.11					_								



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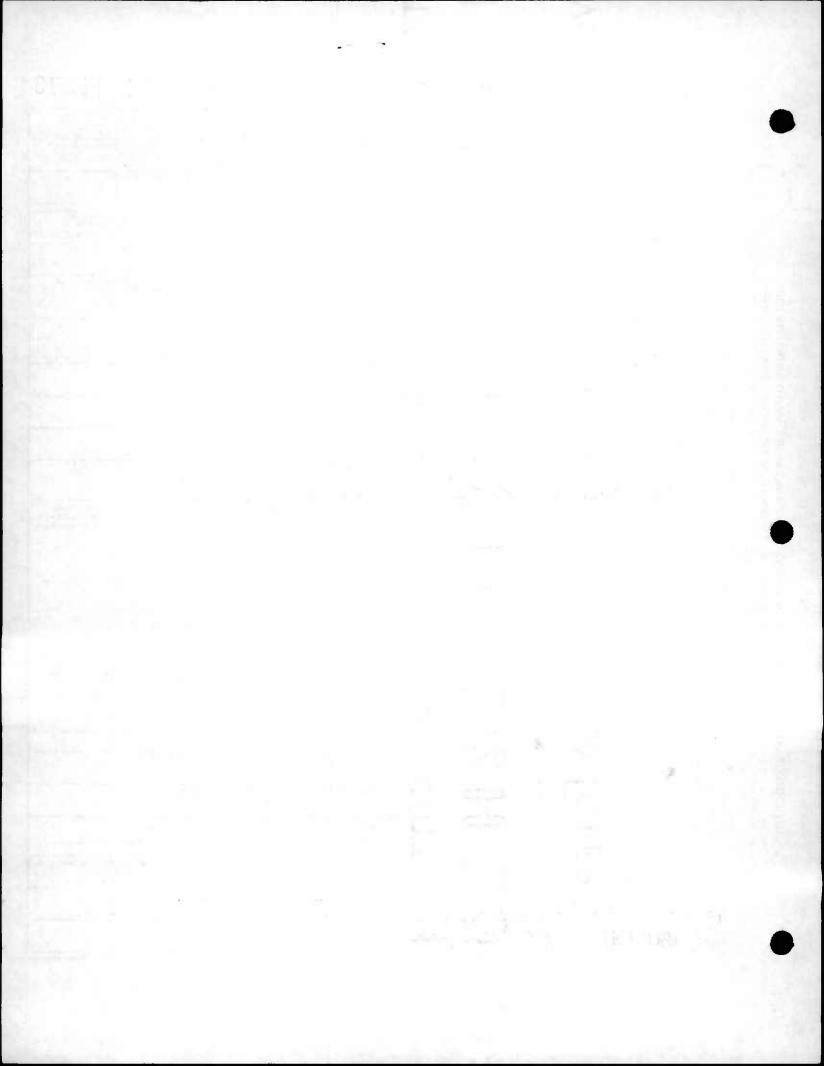
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APR 0 9

	FOR 1 - STATE REGISTRAR	STATE OF MA		EPARTMEN RTIFICAT			MENTA	L HYGIEN REG. NO.	E (91	11373
	1. DECEDENT'S NAME (First, Middle, Last) RICHARD S.			Fine	٢		2. DATE MONT	E OF DEATH	9	YEAR 3. 1	TIME OF DEATH
		5. SEX 6.	AGE (In yrs. last b		R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) 7-1917	18	. BIRTHPLA Country) Md.	CE (State or Foreign
OB		et and number)	ral .	9b. CIT		ISBURY	DEATH			OMICO	
DIRECTOR	10a. STATE 10b. COUNTY De. Suss	· ov		10c. CITY, TOWN Delma		ON				1 -	I. INSIDE CITY LIMITS? YES 2 [X] NO
	10e. STREET AND NUMBER RD#1 Box 205	, ca		Deline	101.	ZIP CODE			-	N OF WHAT	
BY FUNERAL		12. WAS DECEDENT, E FORCES? 14 IF YES, GIVE WAR NAVY WWII	OR DATES	ED 13.	WAS DECE	ENDENT OF HISP ecity Cuban, Maxi 2 X NO Spec	ican, Puarlo				American Indian, lita, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give	DENT'S USUAL (kind of work done o NOT use retired.)	during mos	N at of working	18	b. KIND OF BUS	chery		
BE CON	17. FATHER'S NAME (First, Middle, Last) Arthur Figgs					18. MOTHER'S P		Middle, Maiden enney F			
2	19a. INFORMANT'S NAME (Type/Print) Elizabeth Ward Fig	gs		MAILING ADDRES					n, State, Zip C	Code)	
	20s_METHOD OF DISPOSITION 1	rel from State		nd date of dis rematery or other ephens			DA.	-	cation — ci .mar,		Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE WILLIAM M	Skor	1-6	5	Short	Funera Box 204	1 Hon			40	
	23. PART I. Enter the diseases, or concheck, or heert failure. UIMMEDIATE CAUSE (Final disease or condition resulting in deeth)	CALAGO	on each line.	h. Do not anta							Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST		R AS A CONSEQU								
SICIAN: MEDICAL CE	PART II. Other aignificant conditions	contributing to de	eeth but not rea	ulting in the u	inderlying	cause given	in Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	CO DF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO	HOSPITAL:	700	ОТНЕ	R:	ACE OF DEATH (
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	128a. DATE OF IN (Month, Day,	JURY	26b. TIME OF INJURY	28c, INJI WO	e 5 Realdenc	Y	er (Specify) ESCRIBE HOW I	NJURY OCCU	JRED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be detarmined	28s. PLACE OF J building, etc	NJURY — AI home. (Specify)	e, farm, street, fa	ctory, office			CATION (Street of yor Town, State)		r Rural Route	Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER										d manner ea stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		18 6			29c. LICENSE N	O P O		29d. DATE	SIGNED (M)	onth, Day, Year)

Dr. # B206

Sal. Md. 2180



TO BE COME	TO BE COMBLETED BY BHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
/al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp
DALIIMORE, MARTLAND	DIVISION OF VILAL RECORDS, P.O. BOX 68760,

10

	1 - STATE OF MARYLAND C	/ DEPARTMENT OF HERTIFICATE OF		ITAL HYGIENE PREG. NO.	1 11374		
BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) OHN FLACK 4. SOCIAL SECURITY NUMBER 213-164-742 1 Mm 2 F 79 9a. FACILITY NAME (It not Institution, give street and number) St- Agnes Hospital RESIDENCE OF DECEDENT 10a. STATE HOWARD	IF UNDER 24 HRS. 7. C	2. DATE OF DEATH MONTH DAY YEAR 7. DATE OF BIRTH (Month, Day, Year) (O - 23 - 1				
	10. STREET AND NUMBER 8 4 6 2 Church Lone 11. MARITAL STATUS 1 Never Married 2 Married 1 Vidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	ZIP CODE: 2 04 ENDENT OF HISPANIC O coffy Cuban, Mexican, Pu 2 40 Specify:	ORIGIN? (Specify Yes or No- Jack, White, etc. Specify: Wh, 'te				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use ricitred.) MARTIN MARRIETTA						
ш	17. FATHER'S NAME (First, Middle, Last) George Albert		18. MOTHER'S NAME (I Emma	First, Middle, Malden Surname)			
TO B				Number, City or Town, State, Zip Collicott City 2			
	1 A Buriel 2 Cremetion 3 Removal from State of cemetar	MARR	ND ADDRESS OF FACILITY H WITZKE		e_Marvland		
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arreat, ehock, or hear feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Dye To (or As A consequence of): Due To (or As A consequence of): Due To (or As A consequence of): Due To (or As A consequence of): Due To (or As A consequence of):						
PHYSICIAN: MEDICAL CEF	PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						
HYS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 27. MANNER OF DEATH 28s. DATE OF INJURY	3 DOA 4 Nursing Hon 28b. TIME OF 28c. (N.	ne 5 Residence 8 D	Other (Specify) 1. DESCRIBE HOW INJURY OCCUP	RED		
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		YES 2 NO		2,1,3		
	3 Suicide 3 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of axamination and/or				ause(a) and manner as stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNE 29d. DATE SIGNE						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT		BALTO MI	02129			
	31. DATE FILED (MORTE Day, Year) 91 32. REGISTRAR'S SIGNATURE	- Andelle					

.3 m = 0

9764 plyoretide Circle Williamst City 21943

1-1

the force Providing

3. TIME OF OEATH

P

8:30

Approximate Onset and Death 2 Years

29d. DATE SIGNED (Month, Day, Year)

April 10, 1991

2. DATE OF DEATH MONTH DAY

1991

April 9,

FOR STATE REGISTRAR

Walter

1. OECEDENT'S NAME (First, Middle, Last)

В

certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 smaller in the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

1, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema IMPORTANT: If Ifem 28 is marked, or Item 23 shows any injury, or other traumatic event,

Marc R.

31. DATE FILED (Month, Day, Year)

APR 12 '91

BE

2

M.D.

32. BEGISTRAR'S SIGNATURE

Shepard,

29b. SIGNATURE AND TITLE OF CERTIFIER

	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH		6. BIRTHPLA	NCE (State or Foreign
BY FUNERAL DIRECTOR	579-42-1102	1 🔀 M 2 🗌 F	1 🖾 M 2 🗆 F 85		MONTHS DAYS HOURS MIN.		(Month, Day, Year) Sept. 26,1905		1905	Country) South Dakota			
	9e. FACILITY NAME (If not institution, give	Cen	+	9b. CITY	r, TOWN C	OR LOCATI	ION OF DE		201		TTY OF DEAT		
	Fox Chase Nursin				Silv	er S	prin	g		Мс	ntgom	ery	
	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	TION			-		10	d. INSIDE CITY
	Maryland Mon			Che	vy C	hase					1	LIMITS? YES 23 NO	
	10e. STREET AND NUMBER			101	. ZIP COD	E			10g. CITU		T COUNTRY?		
	2609 Spencer Road						2	0815			Unit	ed St	ates
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I			MED IO		If yes, sp	ecity Cubi	OF HISPAN an, Mexica Specify	NC ORIGIN? (in, Puerto Rici y:	Specify Yes in, etc.)	or No-	Specify:	American Indian, hite, etc. White
	15. DECEDENT'S ED (Specify only highest gra	UCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON world	lea	16b, KI	ND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5			work done se retired.) ltura						State r of	s Comme	rce
O	17. FATHER'S NAME (First, Middle, Last)					_	16. MOT	HER'S NA	ME (First, Mide	die, Maiden	Surname)		
ы	Christian O.	Garver					Es	tell.	a Shoo	klev			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	S (Street a				umber, City or Town, State, Zip Code)			
2	Dorothy Garver	2	2	609	Spen	cer	Road	, Ch	evy Ch	ase,	Mary	land	20815
	200. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						7		City or Town,	Stata
	1 Burial 2 Termation 3 Removal from State 4 Donation 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryla								yland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 20814-3501												
	23. PART I. Enter the diseases, o shock, or heart fellure	complications the List only one ca	et coused the de	ath. Do	not ente	the mo	de of dy	ring, suc	h ss cerdie	or respi	ratory arr	est,	Approximate interval Between Onset and Deat
	disease or condition Prostate Prostate			cer	r							2 Years	
	resulting in death)		CONSEQUENCE OF):						2 lears				
z		100											
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
3	cause. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
EH	resulting in deeth) LAST												
	PERFORMED? AMAILABLE COMPLETIN								I THE AUTOPSY FINDINGS AILABLE PRIOR TO MIPLETION OF CAUSE				
CIAN: MEDICAL									OF DEATH?				
AN	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF I	DEATH (Ch	eck only one)				
	EXAMINER? 1 YES 2 XNO	HOSPITAL:	☐ ER/Outpatient 3	Прод	OTHE	R:				0.50			
PHYSI	27. MANNER OF DEATH	28a. DATE O		28b, TI	AE OF	28c. INJ		esidence	6 - Other (5		NJURY OCC	CURED	
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY	WC	PRK? YES 2	NO NO					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al hor building, etc. (Specify)				street, fac				261. LOCATI City or	ON (Street a Town, State)	and Number	or Rural Rout	e Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of											nd manner as stated.

Garver

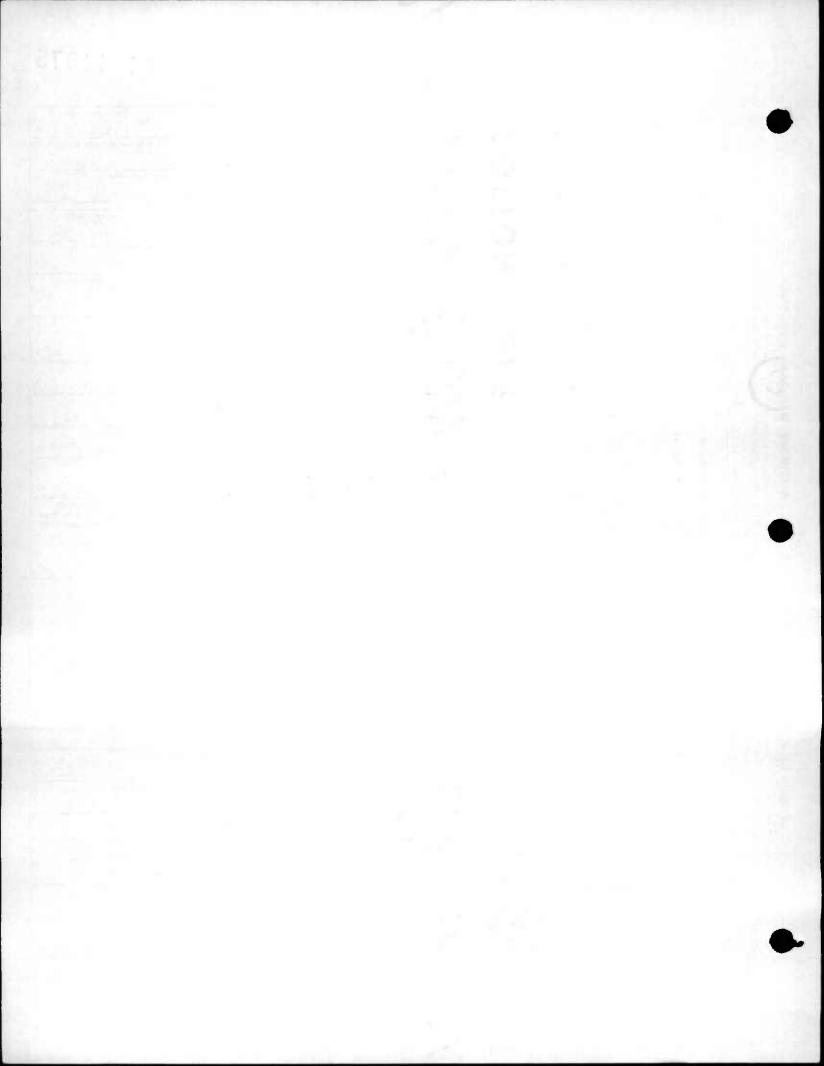
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

29c. LICENSE NUMBER

4700 Berwyn House Road, #105, College Park, Maryland 20740

D26382

DHMH-16 Rev 1/89

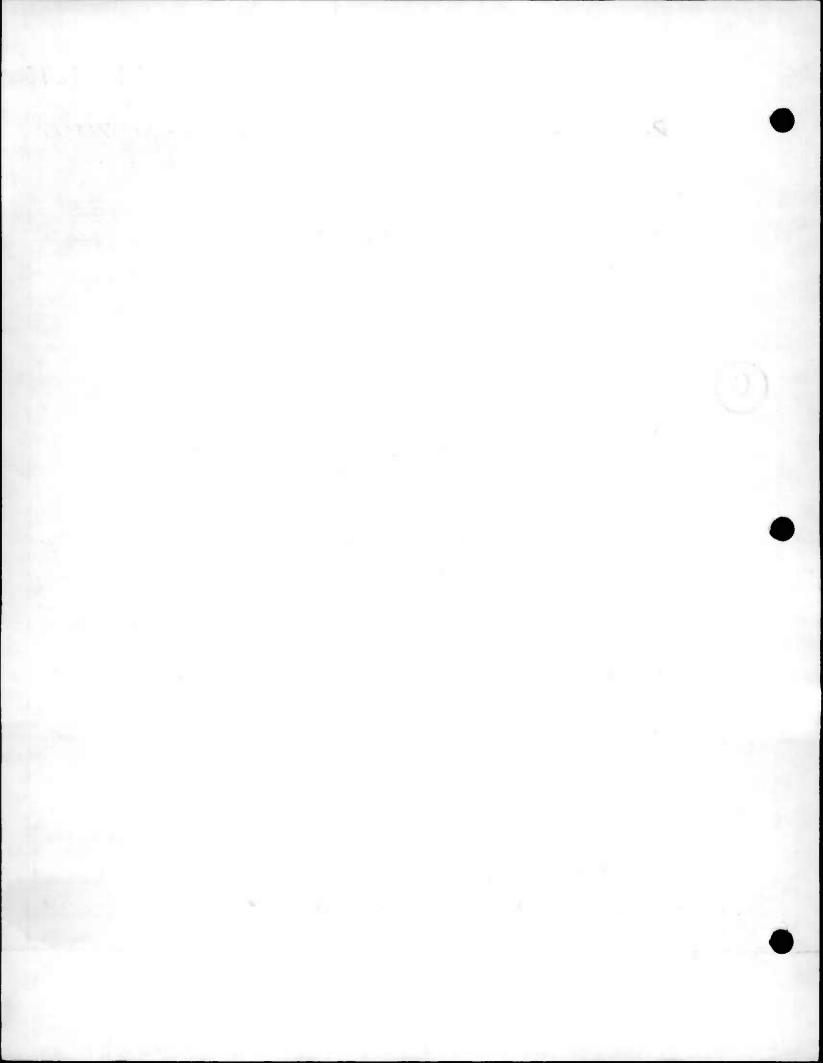


hed for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATENDING PHYSICIAN: The aw requires that the death certificate be executed within c., nours after death. Page 6 may be remain. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mm be filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be military.

	1 - STATE STATE OF M				F DEATI		NTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DERRYLI		ASTO	N			DATE OF DEATH	AV .	YEAR	3. TIME OF DEATH
	Rerryle Roselle		stor				04-0		91	7:50 P, H
~	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la:		MONTHS DAY			DATE OF BIRTH (Month, Day, Year)		6. BIRTHE Country	PLACE (State or Foreign
	509-16-2349 1□M2穴f	75	YRS.				UNE 12,1		KANS	AAM
	9a. FACILITY NAME (If not institution, give street and number)	,						9c. COU	NTY OF DE	ATH
DIRECTOR	HOLY CROSS HOSPITAL		SILVE	R SPRI	NG		M	ONTGO	MERY	
	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
5	MARYLAND MONTGOMERY			STLVE	SPRING	G				1 YES 2 NO
¥ I	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
띫	1131 UNIVERSITY BOULEVARD	, WEST	#161	1	209	902			US	A
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN FORCES?	T EVER IN U.S. AI	AMED NO				ORIGIN? (Specify Yes uarto Rican, atc.)	or No-	14. RACE Black,	American Indian, White, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced FYES, GIVE V	YES 2			YES 2 NO				Specify	y:
	15. DECEDENT'S EDUCATION	16a Di	FCEDENT'S	USUAL OCCUP	ATION		16b. KINO OF BUS	SINESS/IN		ACK
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(0	live kind of Do NOT u	work done during	most of working		TOD. KING OF BO.	31112337111	5031111	
COMPLETED	4		TORI	AL ASS	STANT		Labor D	enar	tment	
S S	17. FATHER'S NAME (First, Middle, Last)		,			R'S NAME ((First, Middle, Malden			
2	SAMUEL W. GALLOWAY				MA	AGGIE	E. GRIGS	SBY		
0	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Str			e Number, City or Tow		p Code)	
=	BEVERLY A. CAIN (DAUGHT	ER) 1	110 A	ARCOLA	AVENUE	SILV	ER SPRIN	G.MAI	RYLAN	D 20902
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from Stata	20b. PLACE other p	OF DISPO	SITION (Name o	cemetery, crema	tory or	20c. LO	CATION —	City or Tov	vn, Stata
	4 Donation 5 Other (Specify)	NORB	ECK N		L PARK			EY, N	MARYL	AND
	21. SIGNATURE OF FUNDRAL SERVICE LICENSEE)			CIS J.		INS FUNE	RAT. I	HOME.	INC.
	LAVIA. 118									MD.20901
	23. PART I. Enter the diseases, or complications the	t caused the d	eath. Do	not antar the	mode of dyln	g, such s	s cardiac or resp	iratory ar	rest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Fins)									
	disease or conditionsINTVac	irehra		emon	roje	With	Drain h	prnic	him	4 days
	DUE TO	(OR AS A CONSE	QUENCE O	F):						
<u> </u>	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
\ \ \	if any, leading to immediate cause. Enter UNDERLYING									
ᇤᅵ	CAUSE (Disease or injury that initiated events	(OR AS A CONSE	QUENCE O	F):						
CERTIFICATION	resulting in death) LAST		_							
	PART II. Other significant conditions contributing to	death but not	resulting	in the under	ving cause of	ven in Par	rt I. 24s, WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
SAL	hypertension	,		Tri trib driddi.	ying onuse gi	VOII 111 1 41	PERFO	RMED?	1.40	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ᆈ	- Marino 10						1 TYES 2	NO NO		OF OEATH?
Σ							-	,		1 TYES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			2	. PLACE OF DE	ATH (Check	only one)			
SIC	EXAMINER? 1 VES 2 NO 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER:	Home 5 - Res	idence 6	Other (Specify)			
호	27. MANNER OF DEATH 28s. DATE OF (Month, I	INJURY	28b. TIR		INJURY AT WORK?		d. DESCRIBE HOW	INJURY O	CCURED	
BY	1 X Netural 5 Pending 2 Accident Investigation				YES 2	NO				
	3 Suicide 8 Could not be 28e. PLACE (F INJURY — At h	ome, farm,	street, factory,	office	28	If. LOCATION (Street City or Town, State	and Numbe	er or Rural R	loute Number,
	4 Homicide datarmined									
ᆲ		and due to the cause(a) and manner as stated.								
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of a	xamination and/or	Investigati	on, in my opini	on, death occure	d at the tim	e, data and place, a	nd due to	the cause(a) and manner as stated.
BEO	296. SIGNATURE AND TITLE OF CERTIFIER	- 1 80				ISE NUMBE		29d, DA		(Month, Dey, Year)
10 8	18 ca Vice co	1			DF	496	7		4/11	181
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SE OF DEATH (ITI	EM 27) (Type	e, Print)			415 11	1/-		
	8218 wisconsin bus.		· 152	Pherelo	,110	2084	4. 17	. Vic	Tur ()	narg mis
	31. DATE FILEO (Morith, Day, Year) APR 1 2 91 Julia	Davidson J	0							
	MYKIC 91 guna	waydson.	idente la	2						



BALTIMORE MARKAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the obtain certaincate be executed within 27-hour affirm the company of the control of the con	shou	}	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the inneral direction. The 5 she	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ
SP	NER	hin	N.
2	3	WIL	TIA
H	꾿	filed	0
2	2	8	Ξ

BE

2

29b, SIGNATURE AND TITLE OF CERTIFIER

ito

*91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IF EM 27) (Type, Print)

BIRSCHBACH NIG.

Julia Davidson Randoll

32. REGISTRAR'S SIGNATURE

k Kale

31. DATE FILED (Month, Day, APR 10

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 9 FAR 3. TIME OF DEATH Louise Goldman Joanne 4 0555 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 3/9/1940 DAYS 261-60-6861 Florida Shady Grove Alventist Hospita
RESIDENCE OF DECEDENT 9e. FACILITY NAME (If not institution. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Rockville Montgomery 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2520 Lindley Terrace 20850 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11 YES 2 NO IF YES, GIVE WAR OR DATES 6-64 thru 5-68 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Merried 2 X Merried BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) 5 College (1-4 or 5+) Elementery/Secondary (0-12) Teacher Public Schools 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
Ann Stripling Joe Boyd ш 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Joe Robert Boyd (brother) 5231 Pimlico Dr., Killearn Est., Tallahassee, FL. 32308 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Meadow Wood Memorial Park Tallahassee, Florida 21. SIGNATURE OF FÜNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldman Memorial Chapels, Inc. 1170 Rockville Pike, Rockville, MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch ea cardlec or reepiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. intarvai Between Onset end Death IMMEDIATE CAUSE (Final disesse or condition resuiting in death) e-hypskalem CERTIFICATION Sequantielly ilst conditiona, if any, leeding to immadiata cause. Enter UNDERLYING CAUSE (Diseese or Injury that initieted eventa resulting in deeth) LAST PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIDE TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO Coton PHYSICIAN: yea 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO partient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 1 D CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) and manner se stated.

29c. LICENSE NUMBER

4115

6320 Demourae

29d. DATE SIGNED (Month. Day, Year)

4/4

an mean of THE R. P. LEWIS CO., LANSING, MICH.

ND 21203-3146

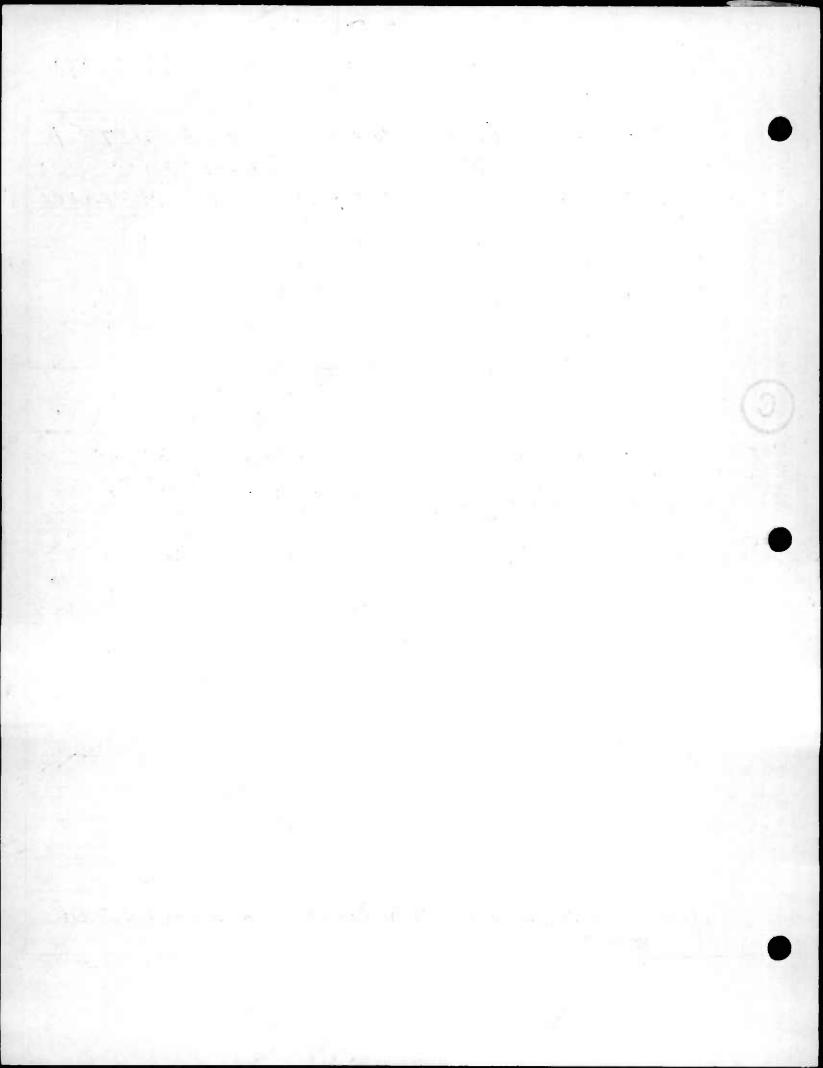
BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z4 nours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parallel within 25 hours after death with the State Dent of Health and Mental Horliène infort to build cremation or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must h
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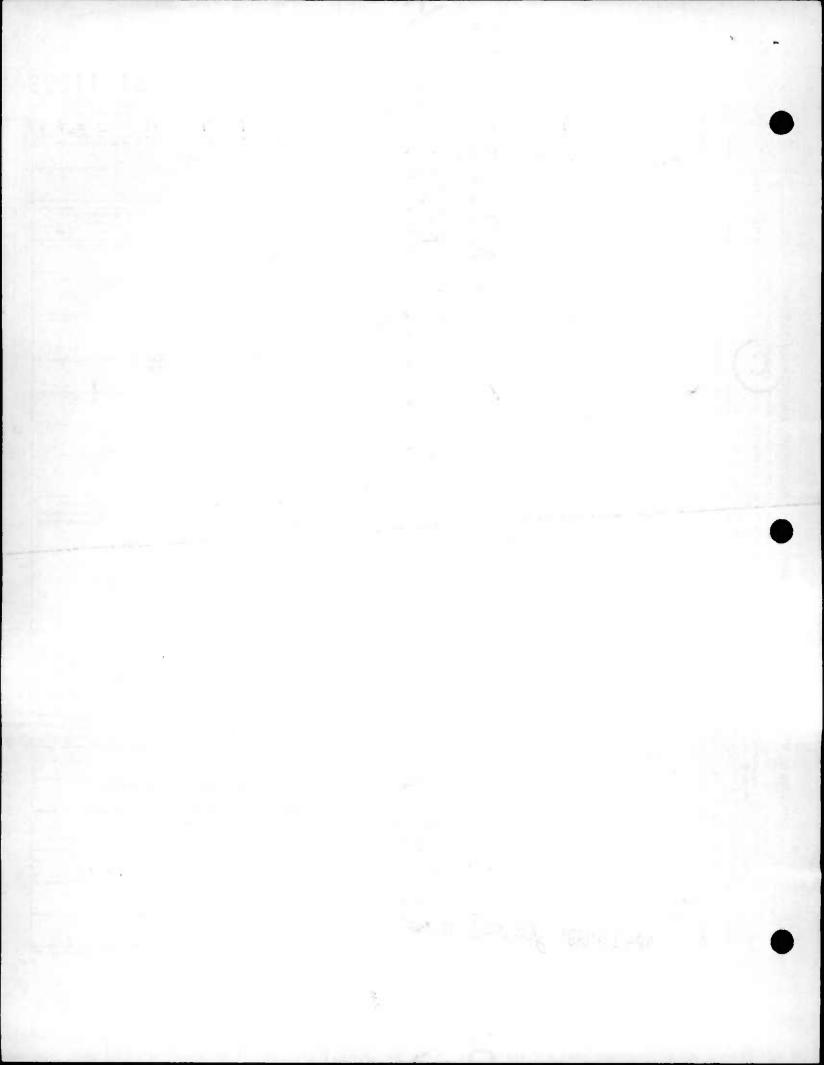
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	FOR 1 - STATE	STATE OF MAR	YLAND / DEPAR	ITMENT OF I				11378		
	1. DECEDENT'S NAME (First, Middle, Last)	E	4. 2	ENWI		2. DATE OF DEA	NO.	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 178-38-9050	1 □ M 2 MF 8	8. AGE (In yrs. last birthday) F YRS. B. AGE (In yrs. last birthday) F UNDER 1 YE MONTHS DA		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-31-03		8. BIRTHPLICE (State or Foreign Country) Russia		
TOR	BETHESDA RETIREMENT			OHEVY	CHASE			COUNTY OF DEATH MONTGOMERY		
DIRECTOR	MAryland Monts		y, town on Loca yy Chase	TION			10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO			
BY FUNERAL	8700 Jones Mill F	10	20815		73.5	ed States				
						NIC ORIGIN? (Specin, Puerto Ricen, el		14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-8 or 5+) College (1-8 or 5+) College (1-8 or 5+) College (1-8 or 5+) College (1-8 or 5+) College (1-8 or 5+)						USTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Jacob Estrin 18. MOTHER'S NAME (First, Middle Miriam Goldste									
TO	J.S. Estrain									
	20s. METHOD OF DISPOSITION 1-1 Buriel 2 Commetten 3 Ram 4 Denation 5 Other (Specify)				ial Gardens Falls			CATION — City or Town, State .s Church, Virginia		
	21. SIGNATURE OF LICENSEE DATE LICENSEE DATE AND ADDRESS OF FACILITY Danzansky-Goldberg Mer 1170 Rockville Pike, I					Rockvil:	ockville, MD. 20852			
CERTIFICATION	23. PART I. Enter the displace, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, shock, or hear indices. List only one cause on each line. IMMEDIATE CAUSE (Fine disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ☑ NO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch		W)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO					CURED			
	2 Accident Investigation 3 Suicide a Could not be determined 4 Homicide determined 289. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 289. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							or Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 29e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 29e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI D16479	MBER	29d, DATE	T 191		
10	30. NAME AND ADDRESS OF PERSON WITH	10 COMPLETED CAUSE OF	DEATH (IXEM 27) (Type		1c.11.11.1	DASHTY	1GTON I	D.C.20016		
	APR 10 '91	32. REGISTRAN'S	signature 4dson-Randell							



	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH A		HYGIENE REG. NO.	91 11379
	1. DECEDENT'S NAME (First, Middle, Lease RANDY)	RANDOLPH GREE	GREEN		2. DATE MONT	OF DEATH	YEAR 2 36A M
	4. SOCIAL SECURITY NUMBER 217-30-2220	1 1 M 2 F	85 YRS. MOI		MIN. (Month	1-19-05	i. BIRTHPLACE (State or Foreign Country)
TOR	99. FACILITY NAME (If not institution, give s Frederick Memor RESIDENCE OF DECEDENT			Frederick	OF DEATH		r of DEATH Ederick
DIRECTOR	MD. Fre			OWN OR LOCATION Adams to u	vn		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5019 Flag Pond			10f. ZIP CODE	21710	10g. CITIZI	EN OF WHAT COUNTRY?
ВУ	1 MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 V ND	13. WAS DECENDENT OF If yes, specify Cuban, 1 ☐ YES 2 💢 ND			4. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary 40-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU Give kind of work life. Do NOT use re farm Wo'll	done during most of working ired.)	16b.	KIND OF BUSINESS/INDU	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Green			18. MOTHE SUS	R'S NAME (First, A	liddle, Malden Surname) LMET	
TO B	190. INFORMANT'S NAME (Typo/Print) Sadie Rippeon		196. MAILING AD 5019 FJ	Pond Rd.	, Adams	town, State Zip of town, State Zip of town, Md. 2	7710
	20a METHOD OF DISPOSITION 1 Derivation 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)	ON (Name of cometary, cremate CW Cemetery		20c. LOCATION - Co	. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	L Len	mer)	P.O. Box 18	19, Fre	Stauffer Fi derick, Md.	ineral HOme 21702
CERTIFICATION		a. Gootsount Due to (or as Due to (or as Due to (or as Prostal	ech line.		g, such as card	lac or respiratory srre	at, Approximata Intarval Between Onset and Daath
MEDICAL	PART II. Other algnificent condition	s contributing to death	but not resulting in t	hs undarlying cause glv	ven in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	o	26. PLACE OF DEA	ATH (Check only on	•)	
HYS	1 YES 2 NAO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out 28a. DATE DF INJURY	28b. TIME O	Nursing Home 5 Resi		(Specify) CRIBE HOW INJURY OCCU	IRED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 TES 2			
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, streets(I/y)	rt, ractory, office	281. LOC City	ATION (Street and Number of Town, State)	r Rural Route Number,
COMPLET	one)	ICIAN: To the best of my know ER: On the basis of examination					d. cause(a) and manner as stated.
TO BE C		Anusha F		D	SE NUMBER 2613		SIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WITH	incompleted cause of d	For edice	le MD-	2170:	۷.	
	198 Thomas Jos 31. DATE FILED (Month, Day, Your)	32. REGISTRAR'S SIG	- Handell				

DHMH-18 Rev 1/89



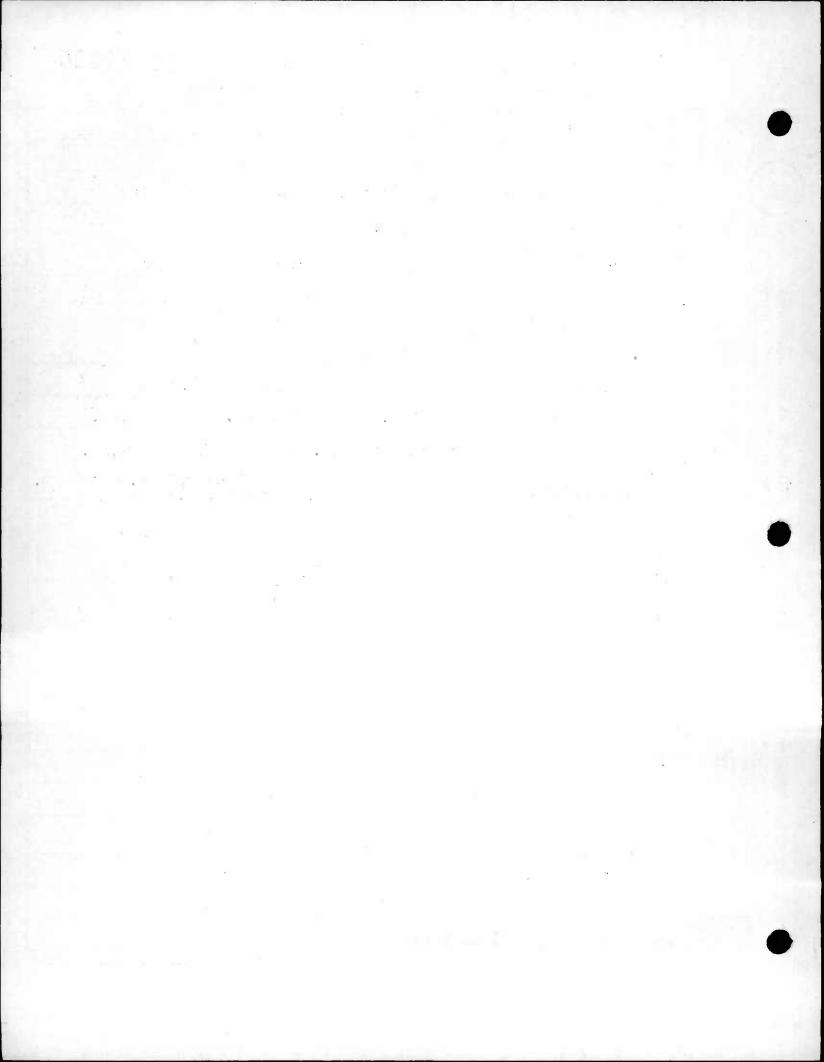
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TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerviours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be find within 72 hours after death with the State Deot, of Health and Mental Molene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MAR					ALTH AND I	MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S HAME (First, M James Gr	liddle, Last)							2. DATE O	OF DEATH	91		TIME OF DEATH 1:24 A M
4. SOCIAL SECURITY HUMBER 220–26–5996	1	1 🔀 M 2 🗆 F	NGE (in yrs. is	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		Day Year)		RTHPLA untry) MD	CE (State or Foreign
8a. FACILITY HAME (If not instituted in the Avalon Manor Residence of Dece	Home,				9b. CITY,		erstown	EATH		9с. соинту о Was		gton
	Ob. COUNTY	nington		10c. CIT	ч, томы о На д	R LOCATI						I, INSIDE CITY LIMITS? YES 2 X HO
10e. STREET AND NUMBER Rt #8 Box	35					101.	ZIP CODE 21740			10g. CITIZEH O	F WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 M 3 Wildowed 4 Divorce	arried	FORCES? 1 TYPES, GIVE WAR CO	YES 2	RMED NO	1	If yes, spe	HDENT OF HISPAI city Cuban, Maxica NO Specif	in, Puerto R		В	lack, Wi	American Indian, lite, etc. Black
15. DECED (Specify only h Elementary/Secondary (0-12	DENT'S EDUCAT	TIOH impleted) College (1-4 or 5 +)	16a. D	ECEDENT'S Give kind of the Do NOT un	work done of the retired.)	during mos	t of working	18b.	KIND OF BUSIN	NESS/IHDUSTR	Υ	
	laren	ce Gros						oret	ta Wh	niten		·
19a. INFORMANT'S NAME (Type Archie	Gros	38		5420	Bur	kit	d Number or Aural		. Jef:	ferson	ı,M	·
20e. METHOD OF DISPOSITION 1-1 Burial 2 Cremation 4 Donation 5 Other (S	3 Remove		omer p	Mace)	Lawn	ı Mei	n. Park	_	1	erstor		
21. SIGNATURE OF FUNERAL	SERVICE LICEN	Das	is				on Fun	eral	Home,	24 W.	Ве	thel St.
23. PART I. Enter the disc shock, or hes IMMEDIATE CAUSE (Final discess or condition resulting in deeth) Sequentially list condition if any, leeding to immediceuse. Enter UNDERLYIN CAUSE (Discesse or injury that initiated events	nns, b.	DUE TO (OR	AS A CONSI	EQUENCE O	Fairle	au mu	conque	the 2	Heart		+e	Approximate Interval Between Onset and Death
resulting in death) LAST PART II. Other significant	d.						orere f		24s. WAS AN A	umpey	245 165	RE AUTOPSY FINDINGS
						ioony iii			PERFORM 1 TYES 2,2	ED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 HO
25. WAS CASE REFERRED TO EXAMINER?	1	HOSPITAL:	/Outpatient	3 DOA	OTHER	R:	ACE OF DEATH (C/					
27. MAHHER OF DEATH 1 Hetural 5 Per 2 Accident In		28s. DATE OF IHJI (Month, Day, Y	URY	28b. TIN	1 00	28c. INJL WOI	IRY AT		CRIBE HOW IN	JURY OCCURE	D	
3 Suicide 6 C	ould not be starmined	26s. PLACE OF IN building, atc.	JURY — At h (Specify)	iome, farm,	street, fact	tory, office		28f. LOCA City of	ATION (Street an or Town, State)	d Number or Ru	ral Route	Number,
con)		AN: To the best of my									se(a) an	d manner as stated.
296. SIGNATURE AND TITLE O	F CENTIFIER	200	_ ~	~			29c. LICENSE NU	MDER 426	6° 1	294. DATE SIGN	LO MO	nn, Dnc Hari
30, NAME AND ADDRESS OF I	- A-A-	M	F DEATH (IT	- 4	e. Print)	e tu	~ St. 1:	tu q-	nga	n, wi	5	21740
ADD 23 '91	er)	32. REGISTRAR'S Julia David		delle			,	J				



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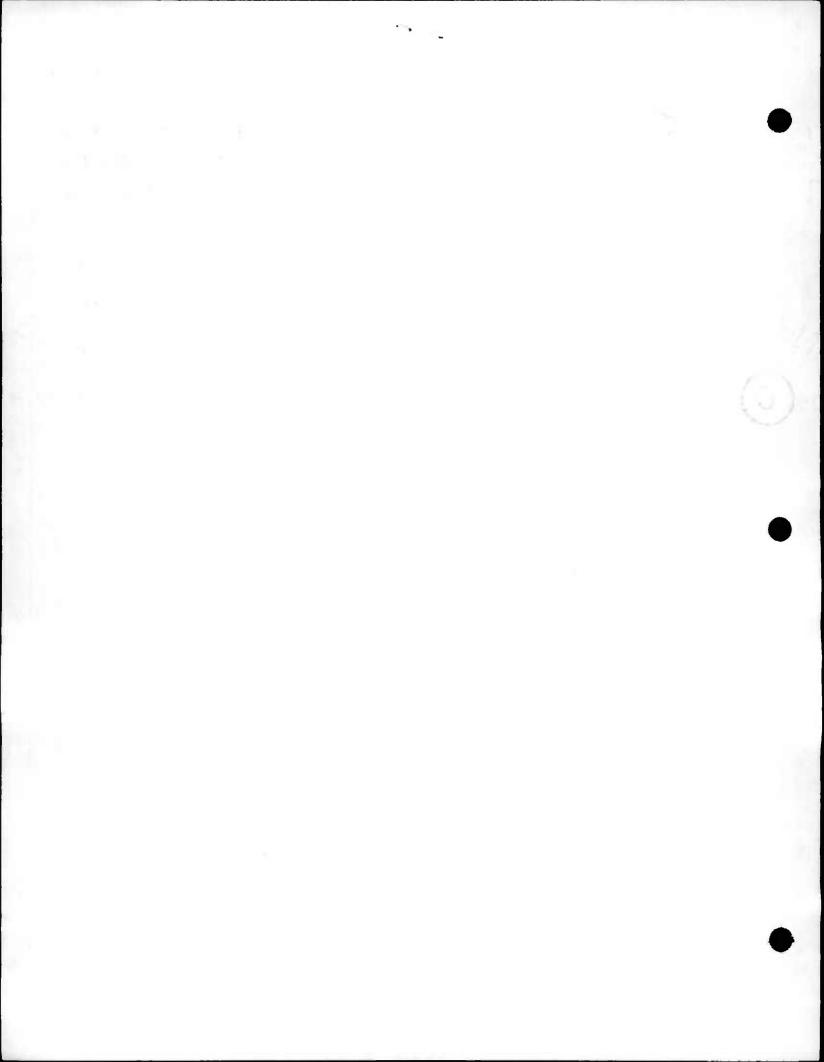
BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

לרוחוי		must
Direction of		xaminer
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IIII DIGIGIA IIII	. cremation,	event, the
THAT UNDERLINE ARE THIS CERTIFICATE HAS DECIDED BY THE ARCHITING PROSPERAL AND CONTINUED IN BY THE TRIVIAL OF THE ARCHITICAL	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
בניתווות ליותים	I Hygiene p	or other
חל חוב מוו	and Menta	y injury.
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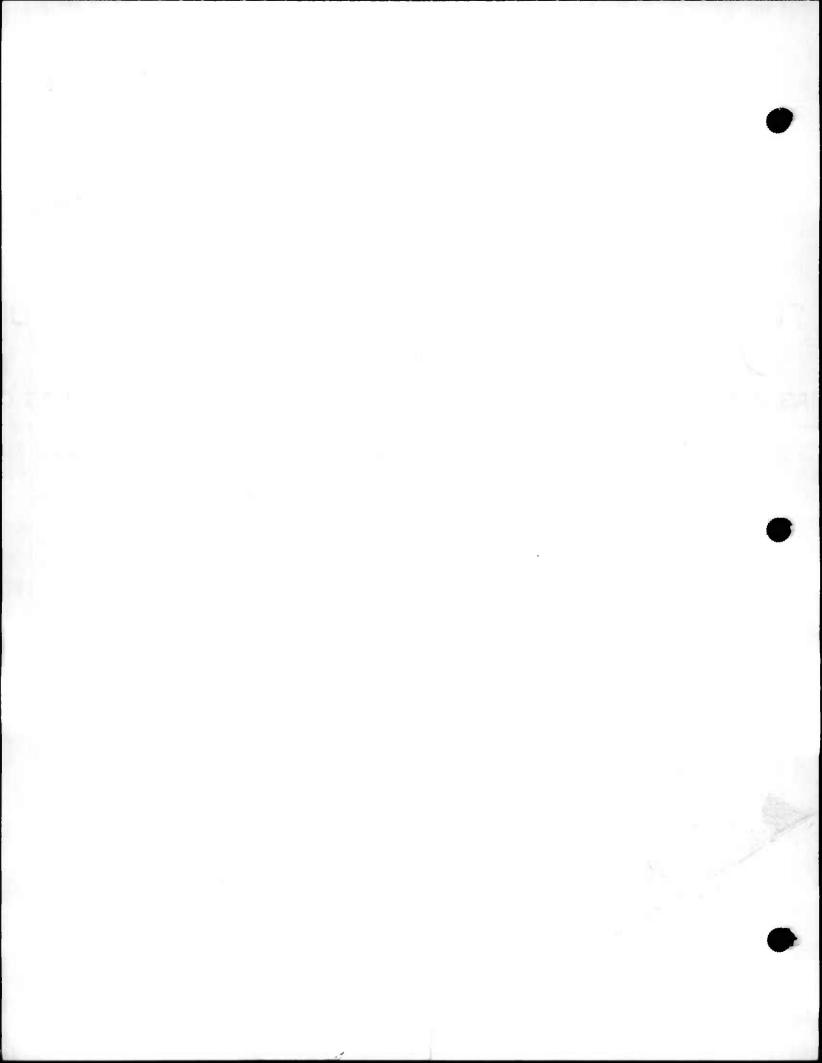
31. OATE FILEO (Month, Day,

	1 - STATE REGISTRAR	STATE OF I	/MARYLAND / CE			OF HEALT			YGIENE			
	L DECEMENTS HAME (Birst, Middle, Last	" 1401	lins			n'a		2. DATE OF D		n-	gyegr	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-74-8523	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR IF UNO	ER 24 HRS.	7. DATE OF B	(Year)		Count	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give	1 M 2XXF	95	YRS.	9b, CITY	TOWN OR LOCA	TION OF OR	Dec.	18,		Gre	at Britan
e o	Sacred Heart Hor					ttsvil						e George
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN O	R LOCATION						10d, INSIDE CITY
	Maryland Prim	nce George	<u> </u>	Hy	yatts	ville						LIMITS? YES 2 \(\square\) NO
RAL	100. STREET AND NUMBER 5805 Queens Cha	nnol Dd				10f. ZIP CC				-		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. 1	MAS DECENDENT	0782 OF HISPAI	NIC ORIGIN? (Sp	ecify Yes		14. RAC	d States
B	1 Never Married 2 Married 3. Widowed 4 Divorced	FORCES?	☐ YES ŽXXN WAR OR DATES	0		f yes, specify Cu	ban, Maxica O Specif	in, Puarlo Rican y:	, alc.)		Spec	olly: White
E	15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	18a. DE6 (Gi	CEDENT'S	USUAL OG	CCUPATION during most of wo	king	18b. KINI	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 8 years	College (1-4 or 5	+)		naker							
CON	17. FATHER'S NAME (First, Middle, Last)		,			18. M	THER'S NA	ME (First, Middle	, Maiden S	Surname)		
BE	Albert Germa 19a. INFORMANT'S NAME (Type/Print)	an	140			(Street and Num		erine		lins		
임	Nora Sengstack		196									1 20705
	20a, METHOD OF DISPOSITION 12 Spurial 2 Cremation 3 Re	moval from Stata	other of	OF DISPO	SITION (Na	me of cemetery, c	rematory or		20c. LOC	CATION —	City or T	own, Stata
	4 Donation 5 Other (Specify)		Geo	rge		ington			Ad	elph	i, N	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DONALD V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 207											
	23. PART I. Enter the dissess, o shock, or heart fellun											Approximate Interval Between
	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)		Heros		wh	i Hear	1	dise	ase			Onset and Death
			(OR AS A CONSEC									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSEC	UENCE C)F):							
FIC	CAUSE (Disease or Injury that initiated events	c. OUE TO	(OR AS A CONSEC	DUENCE C	PF):							+
ERT	resulting in death) LAST	_ d										
ICAL C	PART II. Other eignificent conditi	ions contributing to	desth but not n	esuiting	in the ur	derlying ceue	e given in	Part i. 24a	. WAS AN		23	WERE AUTOPSY FINDINGS
EDIC	senile	clener	ita					10	YES		1	COMPLETION OF CAUSE OF DEATH?
Σ												1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	E				26. PLACE DE	DEATH (C	heck only one)				
YSIC	1 TES 2 110		ER/Outpatient 3			sing Homa 5 🗆	Residence					
ву Рн	27. MANNER OF ATH 1. Natural 5 Pending 2 Accident Investigation		FINJURY Day, Year)	28b. TII	ME OF JURY M	28c. INJURY AT WORK? 1 YES	b NO	28d. DESCRIE	BE HOW IN	NJURY OC	CURED	
	3 Suicide 8 Could not b	o building	OF INJURY — At ho , atc. (Specify)	ma, farm,	street, faci	ory, office			N (Street a wn, State)	and Numbe	or or Rural	Route Number,
COMPLETED	anal	YSICIAN: To the best of										(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CHAPE						ICENSE NU		1			D Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEATH (ITE	M 271 /7m	e. Print)		122	180		•	4/	10/9/
	PSUMSSUER 1	20 7500	Green	woy	Ch	Dr. G	rent	elt M	rd 2	208	5 2	-/
	and the street (Month, Day, Year)	32. REGISTR	Day doon	andel	2							



J. BOX 13146, BALLIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the new	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be uncertained within 72 hours after death with the State Deot, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he fleet within 2 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury

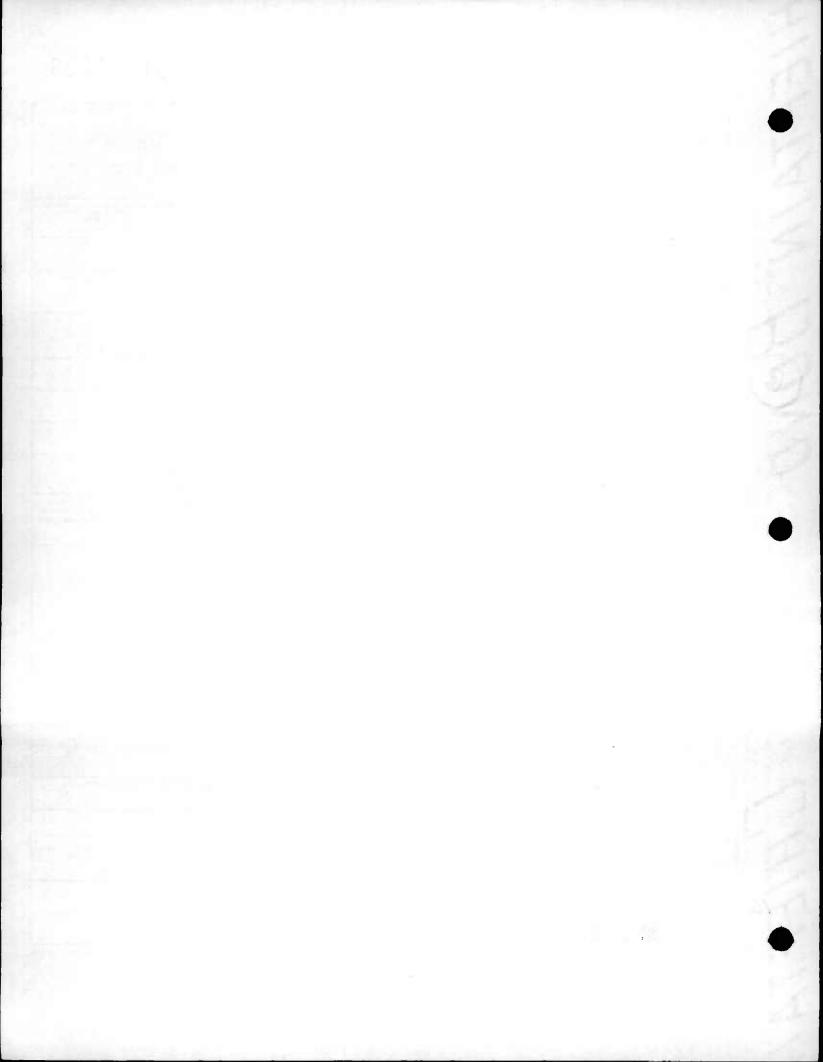
_	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF H		MENTAL HYGIE		1	11382
ı	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
1	LIEU T		НО						991 1	1:00 P M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest bit		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	Ī	8. BIRTHPL	ACE (State or Foreign
-	586-16-9254 99. FACILITY NAME (If not institution, give str	1 M 2 F	64	YRS.	ONTHS DAYS	HOURS MIN.	(Morrth, Day, Year) 6/5/1926		VIETN	
TOR	THE JOHNS HOPKIN		AL		BALTIMO				IMORE	
DIRECTOR	VIRGINIA 106. COUNTY NONE		.1		TOWN OR LOCAT IRFAX	ION			- 1.	od. INSIDE CITY LIMITS? TES 2 NO
AL	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZ	ZEN OF WHA	AT COUNTRY?
5	9416 WROUGHT IRON	COURT				22032		VII	ETNAM	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 7 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAR	YES 2 NO	D	If yes, sp		IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yes or No	Black, V	American Indien, vhita, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)			SUAL OCCUPATION No.		18b. KIND OF	BUSINESS/IND	USTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use	retired.)					
MP	12		C00				RESTA	URANT		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maid	len Surname)		
BE	CHAU HO					CHAU N				
6	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or			
	NHU N NGUYEN				S WAY		T, CONNEC			
	20e. METHOD OF DISPOSITION 1 10 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	other place		TION (Name of cer MEMORIA	netery, cremetory or L PARK	1	LOCATION —		VIRGINIA
21. SIGNATURE OF FUNERAL BETTYCE LICENSEE 22. NAME AND ADDRESS OF FACILITY DEMAINE FUNERAL HOMES, INC										
	Konald	T. Nor	wles_				VIRGINIA			
NC	23. PART i. Enter the diseases, or complete the second shock, or heart feilure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		on each line.	ich	ona;	mulho		0		Approximate Interval Between Onset and Death 1988 -9/
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	OUE TO (C	PR AS A CONSEQUE	INCE OF)						
PHYSICIAN: MEDICAL	PART II. Other significant conditions Olivery Chargers One of the significant conditions One of the significant condit	Segretal .	eath but not res	uiting in	the underlying	g cause given in	PER	AN AUTOPSY FORMED?	Al C	VERE AUTOPSY FINDINGS NAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C)	eck only one)	1		
SIC	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER: 4 - Nursing Horn	e 5 🗆 Residence	8 Other (Specify)	HOSPI	TAL	
ξ	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		86. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HO	W INJURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(moral, buy	, roury	11400	M 1 🗆					
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — Al home ic. (Specify)	, ferm, st	reet, factory, offic	•	28f. LOCATION (Str. City or Town, St	et end Number ete)	or Rural Rev	ite Number,
COMPLETED	29e. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINER									and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WEICH DE	elis;	interno	8 H	boken	24. UCHSE HU HOSM	to .	29d. DAT	E SIGNED (North, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM :	m mpi	(Print)	1			11	
	31. DATE FILED (Month, Day, Year) APR 16 '91	32 REGISTRAN	'S SIGNATURE	Less.						



21203-3146

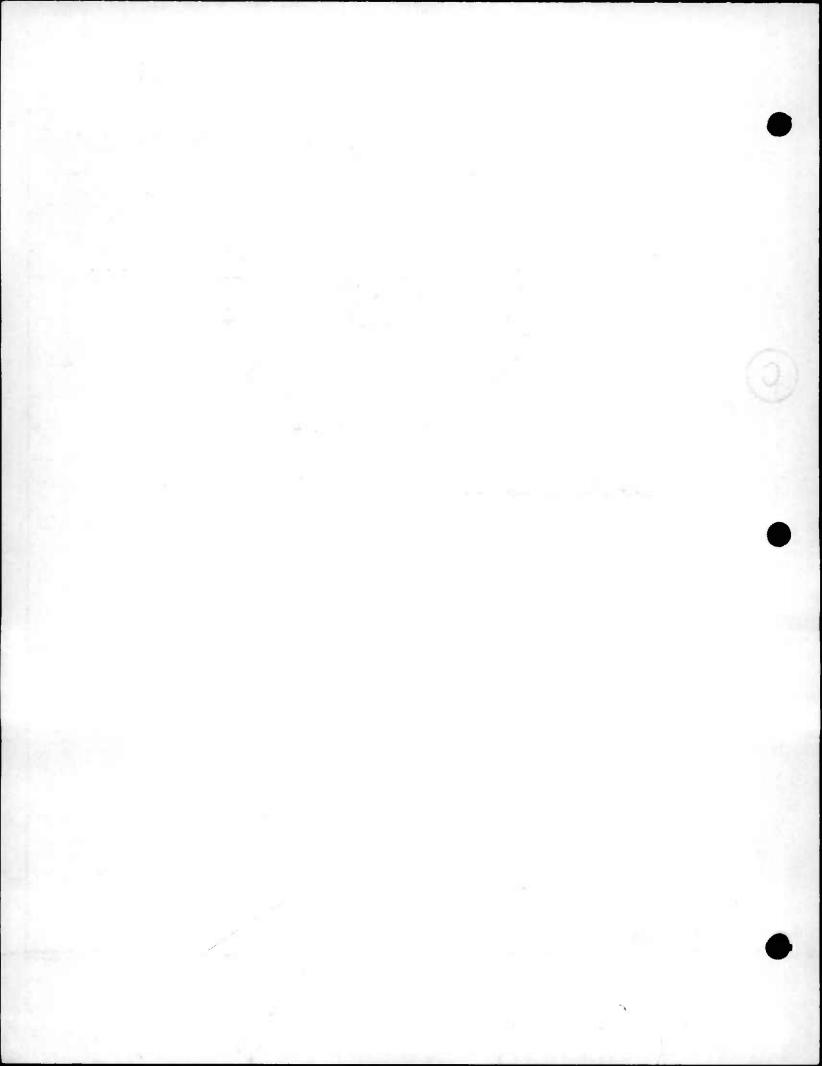
N. M.	Deck III had	and the desirance	tified at once.
13146, MARYANE	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the vious after death. Page 6 may be required to the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mm, the defined within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	4: The law requires that the death certificate be u	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traun
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR; After this certific be filed within 72 hours after death with the S	IMPORTANT: If Item 28 is marked, or I

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
1	Francis	W:	illiam	Hu]	lse					April	DA 1	, 1	YEAR QQ1	11 рм
	4. SOCIAL SECURITY NUMS	BER	6. SEX	6. AGE (In yr	s. last birthday)	IF UNDE	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH		a. BIRTH	IPLACE (State or Foreign
	216-05-513	35	1 📉 M 2 🗀 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV .	15,1	909	Count	Wash., D.C.
	9a. FACILITY NAME (If not in	etitution, give s	treet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
E E	5320 Brile	v Plac	ce			Re	the	eda				Mot	taar	norm
5	RESIDENCE OF DEC	EDENT			7.									
8	10a. STATE	10b. COUNT				10c. CITY, TOWN DR LOCATION							10d. INSIDE CITY LIMITS?	
	MD		tgomery		Be	Bethesda						1 Z YES 2 ND		
IA.	10e. STREET AND NUMSER						10	f. ZIP COD				10g. CIT		WHAT COUNTRY?
FUNERAL DIRECTOR	5320 Briley	Plac				_			816				U.S	
5	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	X NO		If yes, or	ecify Cubi	ın, Mexica	IIC ORIGIN? (S n, Puerto Rica	pecify Yes n, atc.)	or No-	Blac	E — American Indian, k, White, atc.
BY	3 🔀 Widowed 4 🗌 Dive		IF YES, GIVE Y	MAR DR DATES	3		1 TYES	2. NO	Specify	r:			Spec	‴White
	15. OEC	EDENT'S EDU	CATION	164	. DECEDENT'S	USUAL C	CCUPATI	ON		16b. KIN	ID OF BUS	INESS/IN		
COMPLETED	(Specify online Elementary/Secondary (I	ly highest grade	College (1-4 or 5	4)	(Give kind of life. Do NOT u	work done see retired.)	during me	ost of world	ng					
4	(/ S		2		Presid	ent				Fi	nanc	ial	Inst	itution
8	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOT	HER'S NA	ME (First, Middl	le, Meiden	Surname)	•	
BE C	Joseph H	ulse							Mary	LaTou	rnou	S		
8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	D ADDRES	S (Street	and Numbe	r or Rural I	Route Number, (City or Town	n, State, Zi	p Code)	
2	Charlotte	е Н. К	irchner		1231	7 01	d Ca	nal	Rd.,	Potom	ac,	MD	2085	4
	20a. METHOD DF OISPOSIT			20b. PL	ACE OF DISPO	SITION (N	ame of ce	metery, crea	matory or		20c. LO	CATION -	City or To	own, State
	Gate of Heaven Cemetery Silver Spring, MD									ng, MD				
	21. SIDNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLER'S SONS, INC.													
	JIJO WIJCONSIN AVE. WASH. D.C. 20010 N.W.									Approximate				
	ahock, or h	aart fallure.	List only one car	use on aach	line.						о. тоор.	idioiy di	1000	Interval Between Onset and Daeth
	IMMEDIATE CAUSE (Find disease or condition	nai												Onset and Death
	resulting in death)	~	a. CARCIN		IS INSEQUENCE	DET:								1 year
- 1		_	CARCING											5 years
CERTIFICATION	Sequentially list conditions if any, leading to imme				NSEDUENCE (7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
🧏	cause. Enter UNDERLY	ING												
Ē	CAUSE (Disease or Injuthat Initiated events	ury	DUE TO	OR AS A CO	NSEDUENCE (DF):								
ᇤ	resulting in death) LAS	ST	d											
2	PART II. Other algnifica	ant condition	ne contribution to	adouth hus		la Aba			-1 1-	Seed I as				WERE AUTOPSY FINDINGS
MEDICAL						in the u	nderiyir	ig cause	given in		e. WAS AN PERFOR	RMED?	244	MAILABLE PRIOR TO COMPLETION OF CAUSE
ă	ARTERIOS	CLEROT	TU VASCU	LAR DI	SEASE					1	YES 2	ND ND		OF DEATH?
×										_				1 TYES 2 NO
Ž		-				_								
o o	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:			ОТНЕ	R:			eck only one)			_	
PHYSICIAN	1 TYES 2 THO		1 Inpatient 2			-			esidence	6 Other (S)				
	Y	Pending		Day, Year)	28b. TI	JURY M	W	JURY AT ORK?	7	28d, DESCRI	IBE HOW I	NJURY O	CCURED	
BY	2 Accident Investigation 25s PLACE OF IN HIPV At home form street feature of the Control Court and Number Court and Number Control Court and Number Court and Numb													
유	3 Sulcide 6 Could not be determined 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)													
ᄪ	20a CERTIFIED													
F	onel -		SICIAN: To the best of											
COMPLETED	2 MEC	HCAL EXAMIN	ER: On the basis of	exemination ar	nd/or investigat	ion, in my	opinion,	death occi	red at the	time, data and	d place, an	id due to	the cause(s) and menner as stated.
ш	295. SIGNATURE AND TITL	E OF CERTIFIE	ER A					29c. LIC	ENSE NU	MBER		29d. DA	TE SIDNE	D (Month, Day, Year)
TO B	derem	y V.	(00)	Le_	MD			Do	546	02		1	112	191
F	30. NAME AND ADDRESS D	17											1	
	Jeremy V	Cool	ke, M.D.,	10400	O Conn	ecti	cut .	Ave.	Ker	singt	on. I	MD 21	0895	
	31. DATE FILED (Month, Day,	01			Pandell									
	APR 15	JI	1 condo	- middle	Madre	ing.								



1203-3146

,	FOR 1 - STATE REGISTRAR	STATE OF !) / DEPAR						YGIENE EG. NO.			
1	1. DECEOENT'S NAME (First, Middle, Last)	<u> </u>		1.4	OTON	1			2. DATE OF D	EATH DAY	1991	YEAR	3. TIME OF DEATH 1: 06 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER		7. DATE OF B	IRTH		a. BIRTHI	PLACE (State or Foreign
	220-34-3196	1 🗆 M 2 🖎 💥	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 2	190	07	Kan	sas
	9e. FACILITY NAME (If not institution, give s				9b, CITY	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
DIRECTOR	Suburban Hospit	al				Be	thes	da			M	ontg	omery
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	γ		10c. CIT	Y, TOWN C	OR LOCAT	10%					Т	10d. INSIDE CITY
E I	Maryland Mont	gomery		Be	ethes	da						_ 1	LIMITS?
	10e. STREET AND NUMBER			,		101.	ZIP CODI	E			10g. CITIZ	EN OF W	HAT COUNTRY?
EB	9306 West Parkhi	.ll Drive	:				2	0814	<u> </u>			U.	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced		NT EVER IN U.S 1 YES X WAR OR DATES	NO NO		If yes, spe		n, Mexica	IIC ORIGIN? (Si n, Puerto Rican /:		or No—	14. RACE Black Specifi	- American Indian, White, atc. White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	180	. DECEDENT'S	S USUAL O	CCUPATIO	N st of workin	107	16b. KIN	D OF BUSIN	NESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	ise retired.)								
COMPLETED		5+		Tea	cher		40 11000		ME (First, Middl	h Adalata O	Mus	ıc	
8	17. FATHER'S NAME (First, Middle, Last) William	Herbert		FC	oster			rtha		e, Meiden Si	umame)		Wilcox
BE	19a, INFORMANT'S NAME (Type/Print)	Herbere							Route Number, C	City or Town.	State, Zip		1122011
9	Norman F. Hampton	1							le, Roc				20850
	200. METHOD OF DISPOSITION	1000000	20b. PL	ACE OF OISPO	SITION (N	ame of cer	netery, crer	natory or		20c. LOC/	ATION —	Cify or To	wn, State
	XXBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State		ck Cre							hing		
	21. SICHAPUNE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557												
	1 bours	- 2	- Luc	M00522		venu	esda- le. B	chev	y Chas esda, M	se, II	nc., and	755 208	/ Wisconsin 14-3501
CERTIFICATION	23. PART i. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) e. CARDIAC ARRES Due TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DEHYDRATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Interval Between Onset and Daath			
MEDICAL	PART II. Other algorificent condition recurrent senior demonstrations of the senior demonstration of the senior de	atrial	o death but	rilla	in the u Hor Imev	1	Typ	given in		e. WAS AN A PERFORM	MED?	248	D. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						LACE OF I	DEATH (C	heck only one)				
SIC	1 TYES 2 XXIO	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHE 4 - Nu		ne 5 🗆 F	lesidence	8 🗆 Other (S	pecify)			
PHY	27. MANNER OF DEATH	26e. DATE ((Month,	Dey, Year)		IME OF	W	JURY AT DRK?		28d. DEŞCR	IBE HOW IN	JURY OC	CURED	
ВУ	Natural 5 Pending 2 Accident Investigation				M		YES 2	□ NO					
TED	3 Suicide 6 Could not be determined	25e. PLACE buildin	OF INJURY — g, etc. (Specify)	At home, ferm	i, street, fi	ctory, offic				ON (Street al fown, State)	nd Number	r or Rural	Route Number,
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN												(e) and menner as stated.
TO BE	29b. SIGNATURE AND TITALE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON W	4101	must be pearly	W	ne Print)				858		MA	PRIL	(Month, Day, Year) 1991
•-	UJONATHIN	PLOT	3KY	, M	D	(1711	Me	POICAL	CET	WIB	L D	RIVE ROCKULL
31. DATE FILED (MONTH, Day, 1607) 32. DEGISTRAR'S SIGNATURE Julia Davidona Bonda DA													

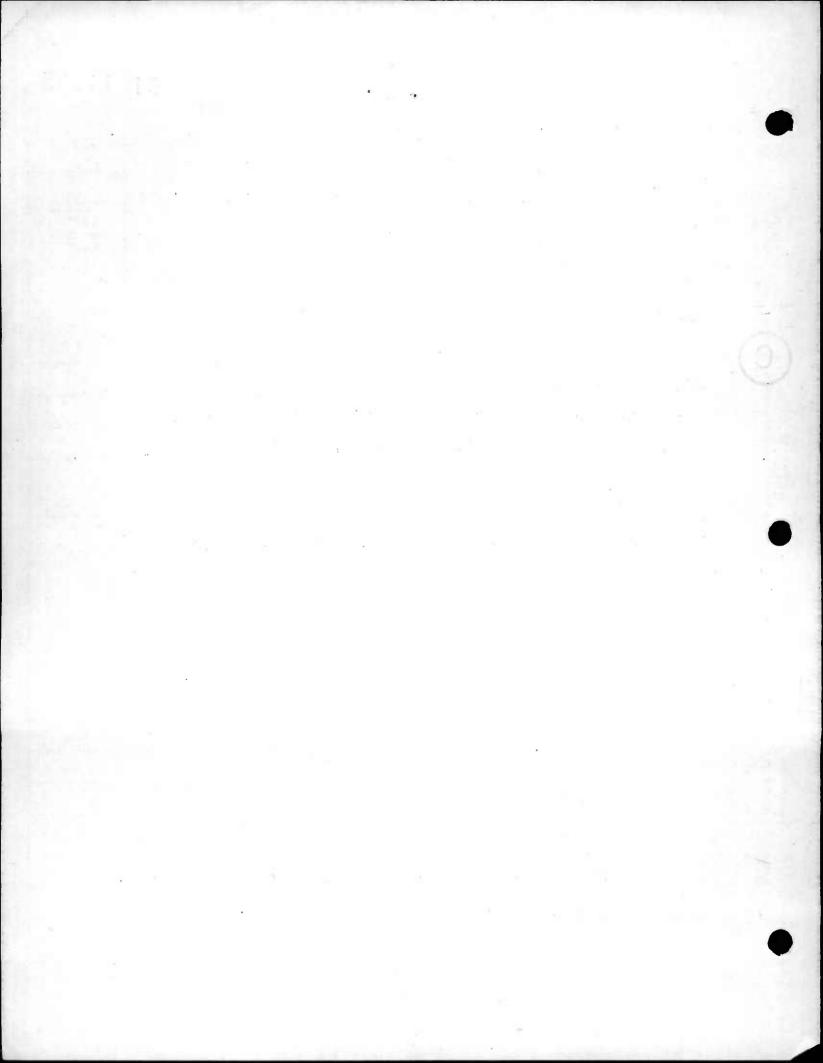


or tranding physician.

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Ö	The H
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⋖	P. C
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE MOCRETAL OR ATTENDING DHVS/CIAN: The law requires that the death certificate he executed within
/ISION	ATTENDING
5	9
	HOCOLTAI
	THE

	FOR STATE OF STATE OF REGISTRAR	MARYLAND /	DEPARTME RYIFICA				YGIENE EG. NO.	91	11385
	1. DECEDENT'S NAME (First, Middle Lest)					2. DATE OF I	DAY	YEA	3. TIME OF DEATH
		Lee Hende				April	10,	1991	6:25P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AOE (In yrs. last	MONTH	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, Da	NATH y, Year)	8. B	IRTHPLACE (State or Foreign ountry)
	251 05 3344 1 ¹ XM 2 □ F	79	YRS.			Oct. 3	, 191		th Carolina
~	9e. FACILITY NAME (If not institution, give street end number)		9b. C	ITY, TOWN O	R LOCATION OF D	EATH		ec. COUNTY (OF DEATH
DIRECTOR	VAMC, Perry Point, Mary	land		Per	ry Poin	t		Cecil	
E I	10e. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	Maryland Montgomery		Silver	Spri	ng				1 TES 2 X NO
¥	10e. STREET AND NUMBER			10f.	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	9501 Ocala Street					0901			d States
<u> </u>		ENT EVER IN U.S. ARI	O NED	If yes, spe	ENDENT OF HISPA	an, Puerto Ricar	pecify Yee or n, etc.)	No- 14. F	RACE — American Indien, Black, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE	WAR OR DATES		1 TYES	2 X NO Speci	fy:			Specify:
	15. DECEDENT'S EDUCATION	16a, DE	CEDENT'S USUAL	OCCUPATIO	N .	16b. KJN	D OF BUSIN	ESS/INDUSTF	White
L.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5 +) (Gi	ve kind of work do Do NOT use retire	ne during mo: d.)	st of working				National
鱼	4	Mas	ter Ser	geant		U.	S. A	rmy /	Guard
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle	e, Maiden Su	rname)	
BE	Dennie Henderson				May Ona	Buckn	er		
0	190. INFORMANT'S NAME (Type/Print)				nd Number or Rural				•
	Ronald Lee Henderson				reet, S	Silver		V	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Comment 3 Removal from State	other nie	ca)		netery, crematory or				or Town, State
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE	SUBUR	ban Cre		D ADDRESS OF F		Silve	r Spr	ing, Maryland
	Deen H. K	app		Natio	nal Cre	nation			orth, FL 33461
	23. PART I. Enter the diseases, or complications t shock, or heart failure. List pnly one of	hat caused the de	eth. Do not en	ter tha mo	da of dying, su	ch as cardiac	or respira	tory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cons	gestive He	eart Fa:	ilure	with pu	lmonar	y edei	ma	Onset and Death
ATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEC	UENCE OF):						
CERTIFICATION	CAUSE (Disease or injury C.	TO (OR AS A CONSEC	DUENCE OF):						
빙	0.								
MEDICAL	PART II. Other algorificant conditions contributing	to death but not n	esulting in the	underlying	j cause given ir		PERFORMI	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 54	ACE OF BEATH O	hack anti-cont			
10 K	EXAMINER? HQSPITAL:	ER/Outpatient 3	OTH	ER:	ACE OF DEATH (C				
¥	7	OF INJURY	28b. TIME OF	28c. INJ	o 5 ☐ Residence			URY OCCURE	D
	1 X Natural 5 Pending	, Day, Year)	INJURY	WO	RK? ES 2 NO				
) BY	2 Accident Investigation 3 Suicide 8 Could not be	OF INJURY At ho	me, farm, atreet,	factory, office		28f. LOCATIO	N (Street end	Number or Re	ural Route Number,
TED	4 Homicide determined	ng, etc. (Specify)				City or 10	wn, State)		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basic of								se(e) and manner ee stated.
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER Maluum 1. 18		'd		29c. LICENSE NU MD 0372		1	Pad. DATE SIG	NED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C			nt, M	aryland	21902			
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE							
	APR 12 '91 Guha	Davidson A	and all						



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYIAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified wance	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified nation
j.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 shoul be proposed by use as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show by the property of the page 10 show by the assigned b
ir death. Page 6 may be retained by the hospital or attents	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after death. Page 6 may be retained, the hospital or a min

								9		11386
1 - STATE REGISTRAR	STATE OF MARY		RTMENT O			MENTAL		Ε _		
t. DECEDENT'S NAME (First, Middle, Last)			ICATE	OF DEA	NI II		REG. NO.			TIME OF DEATH
MARY L	HA	ROVER				D L	1-09	- 9	EAR	10:05 PM
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE C	F BIRTH Day, Year)	8.	BIRTHPL/ Country)	ACE (State or Foreign
496-20-4030	1 M 2 DF	76 YRS.	WORTHS DA	HOURS	MIN.		29, 1	1914	IOWA	
9e. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	WN OR LOCA	TION OF D	EATH		9c. COUNTY	OF DEAT	н
BROOKE GROVE	NURSING HO	ME	OLNI	EY					M	ONTGOMERY
10e. STATE 10b. COUNT	Y	10c. CI	Y, TOWN OR L	OCATION					10	d, INSIDE CITY
MARYLAND MONTO	GOMERY		SILVER	SPRIN	IG				1	LIMITS?
100. STREET AND NUMBER				10f. ZIP CO				10g. CITIZE	N OF WHA	T COUNTRY?
15316 PINE ORCE	HARD DRIVE			2	0906				USA	
11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S.ARMED		DECENDENT s, specify Cu			(Specify Yee Ican, etc.)	or No 14	Black, W	American Indian, hite, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 🗆	YES 2 AN	O Specifi	ffy:			Specify:	WHITE
15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S	USUAL OCCU	PATION	tkina	16b.	KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT i	work done during the retired.)	g mode of mor	ining.					
	1	CLERIC	CAL							
17. FATHER'S NAME (First, Middle, Last)				18. MC	THER'S NA	AME (First, M	liddle, Maiden	Sumame)		
J. J.	MURPHY				ARGA				ANEY	
19e. INFORMANT'S NAME (Type/Print)		I .	O ADDRESS (St							20906
ROBERT W. HAROVE	CITO DELL'S									ING. MD
20e. METHOD OF DISPOSITION 15 Burlel 2 Cremetion 3 Ran 4 Donetion 5 Other (Specify)	noval from State	other place)						CATION CIT		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ARLINGTO		ONAL.			I ARI	INGTO	N, V	IRGINIA
- On 1 1.	163 -	/	FRA	MCIS	J. CO	OLLIN	S FUNE		-	
Muhal	J sun	(12	500) UNIV	ERSI'	TY BL	VD., W	., SI	L. SI	P., MD 2090
23. PART I. Enter the diseases, or ahock, or heert fellure.	complications that caus List only one cause on	ed the death. Do eech line.	not enter the	mode of c	dylng, suc	ch es card	lec Dr respi	ratory erres	it,	Approximate Interval Between
IMMEDIATE CAUSE (Finsi disease or condition										Onset and Desth
resulting in death)	· AMYDTR	S A CONSEQUENCE	<i>PITERAL</i>	. >	CLER	20515	<u> </u>			-
_	DOE TO (OH AS	S A CONSEQUENCE)r);							
Sequentially list conditions,	DUE TO (OR A!	S A CONSEQUENCE	OF):							1
If sny, leading to immediate cause. Enter UNDERLYING										
CAUSE (Diseese Dr Injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE	OF):							
resulting in desth) LAST	d									
PART II. Other significent condition	ns contributing to death	but not resulting	In the under	riving cere	e given in	Pert I.	24e, WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINOS
		at the resulting	the under	ymrg ceda	- Attail II		PERFOR	MED?	Av	MILABLE PRIOR TO
						_	1 YES 2	□ NO		DEATH?

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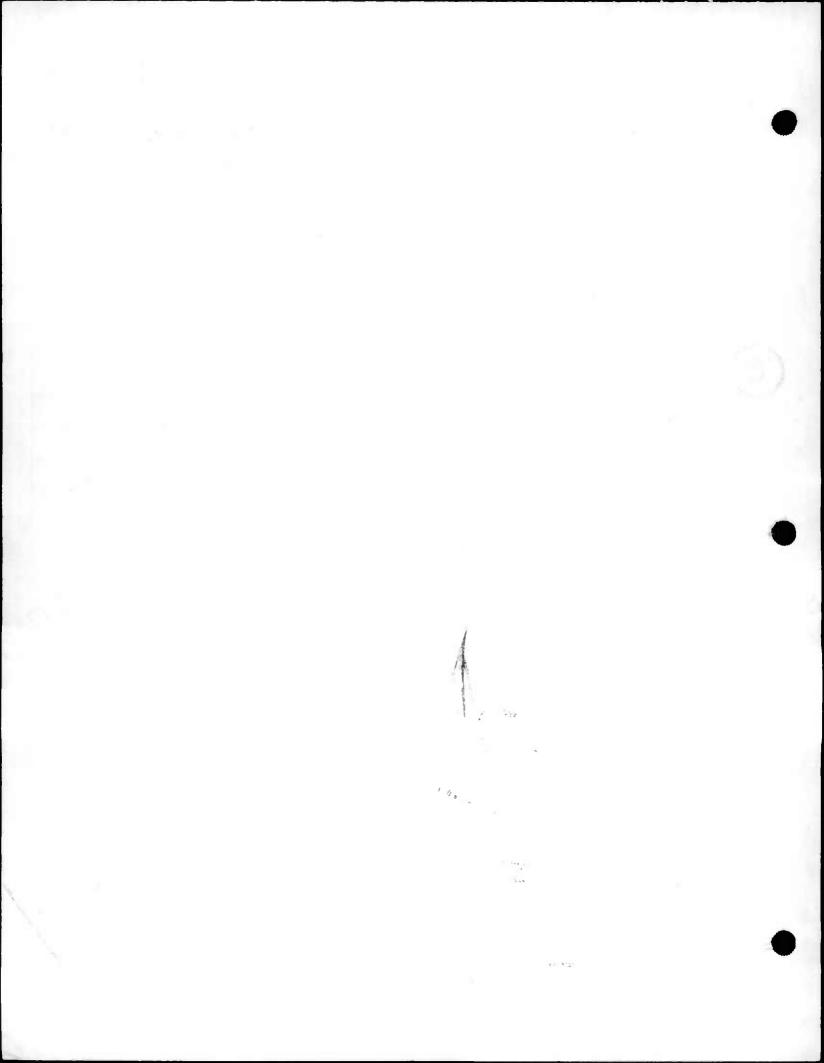
24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINOS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 TYES 2 NO

5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)
	OSPITAL: Inpatient 2 ER/Outpatient 3		THER: Nursing Home 5 Residence	6 Other (Specify)
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		26d. DEȘCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, ferm, atre-	et, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

290.	CERTIFIER (Check only	t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) end manner ee stated.
	one)	2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) and man

	i my opinion, death occurred at the time, date end pr	ioto, and do to the codes(e) and manner so siete
b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

	·	
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)
TED E. HOWE	GLNEY	MARYLANI
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	
APR 12 '91	guia Davidson-A	dende 12



1 - FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

110-16-9098

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DIVISION OF VITAL RECORDS,	SPITAL DR ATTENDING PHYSICIAN: Th
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	9a. FACILITY NAME (If not insti	tution, give sti	reet and number)			9b. CITY,	TOWN OR	LOCATION OF	DEATH		9c. COUN	TY OF DEAT	н
CTOR		CROSS	HOSPITAL			SII	LVER	SPRING	3		MONT	rgome1	RY
DIREC		MONTG				TOWN OR							I. INSIDE CITY LIMITS? YES 2 NO
AL C	10g. STREET AND NUMBER							ZIP CODE	-		10g, CITIZ		COUNTRY?
_65	3306 PENDE	LTON	DRIVE					20902	2			USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 M 3 Wildowed 4 Divorce		12. WAS DECEDENT EV FORCES? 1 1	YES 2	X NO	11	yes, spec	NDENT OF HISPA City Cuban, Maxion NO Spec	can, Puerto		or No—	14. RACE — Black, W Specify:	American Indian, hita, etc. WHITE
	15. DECES (Specify only it	DENT'S EDUC		16a	Give kind of w	ork done du			168	. KIND OF BUS	SINESS/INDU	JSTRY	
PLET	Elementary/Secondary (0-1:	2)	College (1-4 or 5+)		BANK S	relled.)	ER		F	BANKING	7		
COMPL	17. FATHER'S NAME (First, Mide	die, Last)						16. MOTHER'S N					
ш	ARTHUR	McFA	DDEN					KITTY	7		SULLI	IVAN	
9 C	19a. INFORMANT'S NAME (Typ	e/Print)			19b. MAILING	ADDRESS	(Street and	d Number or Rura	al Route Num	ber, City or Tow	n, State, Zip (Code)	
2	MARY JANE	SUTP	HIN		13100	JING	GLE :	LANE, W	VHEATO	ON, MAI	RYLANI	D 2090	06
	20a. METHOD OF DISPOSITIO		eval from State	20b. PL	ACE OF DISPOSI er place)	TION (Nam	ne of ceme	etery, crematory or	4	20c. LO	CATION — C	City or Town,	State
	4 Donation 5 Donation (S	ipecity)		PA	RKLAWN								ARYLAND
1	21. SIGNATURE OF FUNERAL	WINGE LIC	12	1				IS J. C					
	1 Vins	ul	000	nl	n	5(00 U	NIVERSI	TY BI	LVD., V	V., S	IL. SI	P., MD 2
	IMMEDIATE CAUSE (Fine	ert feilure. I	omplications that callist only one cause		ilne.						orace acr	est,	Approximate interval Betwee Onset and De
	disease or condition resulting in deeth)	• ,	Ser	ne	Con	chile	enil_	Hear	(-a	lle			2 mgml
NO	Sequentielly list condition	ne,	Lun	ile	NSEQUENCE OF	11	wi	Heart & De	la	-			124m
ERTIFICATION	if eny, leeding to immediceuse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	G C	Al	ens	NSEQUENCE OF		((Leat	de de	de			2091
AN: MEDICAL CE	PART ii. Other eignificen	t condition	contributing to dea	ath but n	not resulting in	the unc	derlying	ceuse given i	in Part i.	24a. WAS AN			RE AUTOPSY FINDIN
MEDICAL	MAN	ic Do	PANCREAR	- 4	- put 1	TAND	, ~ (1 🗆 YES 2		co	MPLETION OF CAUSE DEATH?
Æ	ch	once	PANCREAR	1714								1 [YES 2 NO
Z													
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	1 - 1 - 1 - 1		OTHER	12	ACE OF DEATH (172 191				
표	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P	ending	1 Impetient 2 ER 28a. DATE OF INJ (Month, Day, Y	URY	28b. TIME	OF	ing Home 26c. INJU WOR 1 YI	IK?		er (Specify)	NJURY OCC	URED	
TED BY	3 Suicide 6 C	vestigation ould not be starmined	26a. PLACE OF IN building, atc.	JURY — / (Specify)	Al home, ferm, st	reet, facto	ry, office			CATION (Street of Your Town, State)		or Rural Rout	Number,
COMPLET	one)		CIAN: To the best of my										nd manner as stated
TO BE COMI	29b. SIGNATURE AND TITLE O	10	? Zelen	o`	MD			DU 94	UMBER (70			4 24	7, 1991
	30. NAME AND ADDRESS OF	P.	LibrE	M		Print) /	041	Kense	nee	Dica :	10 3	2889	, ·
	ADD 1 1 29	_	32 REGISTRAR'S	SIGNATU	Dande P.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

ELSIE MAE HOOPER

YRS.

6. AGE (In yrs. last birthday)

82

OHMH-16 Ray 1/89

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8. BIRTHPLACE (State or Poreign Country)

WASHINGTON, DC

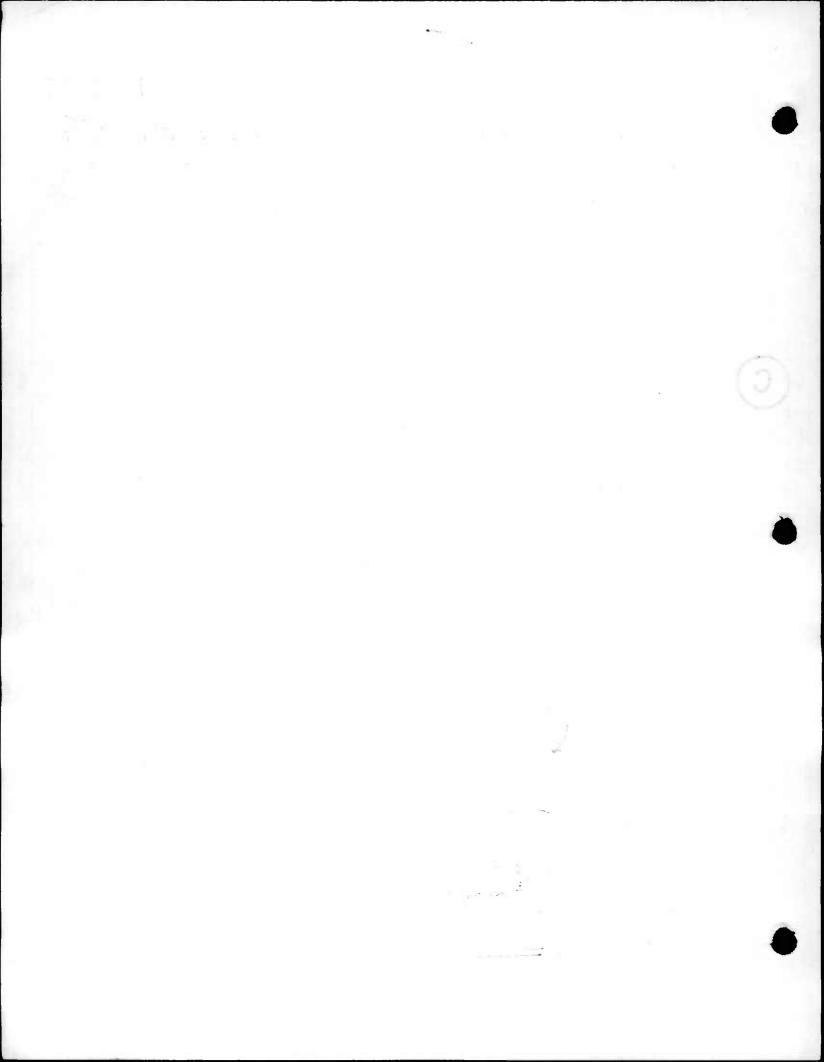
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2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)
JUNE 30,

DAY



nending physician.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and is about a managed of the strength of the str		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Betty 2. DATE OF DEATH PAUGH 3. TIME OF DEATH 1412 HACIGH 04 BETTY - EF 02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Country DAYS 1 M 2 62 212-24-6328 Maryland Oct. 30, 1928 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick DIRECTOR Frederick Memorial Hospital Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY LIMITS? 1 TES 2 NO Maryland Frederick Frederick 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 21702 5816 Butterfly Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. ff yea, specify Cuban, Mexican, Puarto Ricen, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ast of working COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Telephone Operator A T & T 11 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mable B. Nikirk Ralph E. Cecil BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6633 Coldstream Drive, Mt. Airy, Md. 21771 Mra. Linda J. Geiser 29a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other places) 20c. LOCATION -- City or Town, State urial 2 Cremation 3 Ren Frederick, Maryland Mount Olivet Cemetery 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY.
Keeney and Basford P.A. Funeral Home Richar 106 East Church St., Frederick, Md. 21701 M00255 23. PART I. Entar the diseases, or complications triat caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batwaan Onset and Daath **IMMEDIATE CAUSE (Final** disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): NO Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAIL ABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 ☐ YES 2 ☐ NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 | NO 1 | Inputient 2 | ER/Outputient 3 | DOA ng Nome 5 - Residence 6 - Other (Specify) 4 I Nu 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 X Natural м 1 YES 2 NO BY Investigat 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of at SUBNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

RRRRABERTS MD

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	1. DECEDENT'S N	AME (First, Middle, Last)	77.17	IRENE	HUBB	ARD		2. OATE	OF DEATH DAY	Y	3. TIME OF DEAT
	4. SOCIAL SECUR	ITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yr.	s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)		BIRTHPLACE (State or Fo
4	213-40 90. FACILITY NAM	-4206 NE (If not institution, give	1_ ~	76		9b. CITY, TOWN	OR LOCATION OF D		0/1915	9c. COUNTY	OF DEATH
RECTOR	Freder	ick Memor	ial Hospi	tal		Fred	erick			Fra	derick
۵	Md.	10b. COUNT				hwrmont	TION				10d. INSIDE CITY LIMITS? 1 YES 2
ERAL	8724 R	emsburg Ri	d.			10	1788			109. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STAT 1 Never Merrie 3 Widowed	d 2 🗓 Merried	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S 1 TES 2 WAR OR DATES	□ NO	II yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Specif	en, Puerto f		or No- 14.	RACE — American Indi Black, White, etc. Specify: White
LETED	Elementary/Se	15. DECEDENT'S ED Specify only highest grad condery (0-12)			(Give kind of v life, Do NOT us	USUAL OCCUPATION of done during me netired.) emaker	ION ost of working	16b.	KIND OF BUSI	NESS/INDUST	TRY
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TO BE	190. INFORMANT'S	NAME (Type/Print) Hubbard	wenger				Effice To and Number or Aural tg Rd. Th	Route Numb	er, City or Town,	State, Zip Co.	
	20 METHOD OF		moval from State			OF DISPOSITION	N (Name	DAT	20c. LOC/	ATION — City	or Town, State
	4 Donation	5 🗆 Other (Specify)			ica Ce	meteru	4/17	1/91	unc	ea (Fr	rederick) 1
	21. SIGNATURE O	F FUNERAL SERVICE L	ICENSEE			22. NAME A	IND ADDRESS OF FA	ACILITY	01 11	-	
	23. PART I. Entration	tar the diseases, or ock, or heart failure	complications the	use on each	lina.	P.O.		oh aa card	ederich	etory arreat	
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Susan A ADDRESS (Street and Number or Rura N. Main St. P E OF DISPOSITION (Name or other place) SS Cem. WV 22. NAME AND ADDRESS OF F Scarpelli	T. DATE OF BIRTH (Mortin, Day, Wear) JULY 29 19 JULY 29 19 JEATH ARYLAND 10g 4 INIC ORIGIN? (Specify Yee or N Jean, Puerto Rican, etc.) My: 16b. KIND OF BUSINES OWN hole AME (First, Middle, Meiden Surme Ana Prender Active Number, City or Town, Sta etersburg The DATE 20c. LOCATIO 4 8 91 File ACILITY Funeral Hole d, MD 2150	COUNTY OF DEATH ALLEGANY 10d. INSIDE CITY LIMITS? YES 2 NO NO NO NO NO NO NO								
BONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF CUMBERLAND, A Y, TOWN OR LOCATION I TMONT 10f. ZIP CODE 2655 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Marke 1 YES 2 XNO Specific Cuben, Marke 1 YES 2 XNO Specific Cuben, Marke 1 YES 2 XNO Specific Cuben, Marke 1 No. Main St. P E OF DISPOSITION (Name or other place) Y or other place You will be compared to the place of the place of Scarpelli Cumberlan	MARYLAND 10g 4 INIC ORIGIN? (Specify Yee or Nan, Puerto Rican, etc.) 18b. KIND OF BUSINES OWN hor AME (First, Middle, Melden Surne Ina Prender 1 Route Number, City or Town, Ste etersburg Ont DATE 1 20c. LOCATIC 4 8 91 Fi ACILITY Funeral Ho	COUNTY OF DEATH ALLEGANY 10d. INSIDE CITY LIMITS? X YES 2 NO 10d. INSIDE CITY LIMITS? X YES 2 NO 10d. INSIDE CITY LIMITS? X YES 2 NO 10d. INSIDE CITY LIMITS? X YES 2 NO 10d. INSIDE CITY YES 2 NO								
CUMBERLAND, A Y. TOWN OR LOCATION I TMONT 10f. ZIP CODE 2655 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec USUAL OCCUPATION Work done during most of working se relied.) ARET 18. MOTHER'S N Susan A ADDRESS (Street and Number or Rura N. Main St. F E OF DISPOSITION (Name or other place) SS Cem. WV 22. NAME AND ADDRESS OF F Scarpelli Cumberlan	ARYLAND ANIC ORIGIN? (Specify Yee or Nam, Puerto Rican, etc.) Ithis KIND OF BUSINES OWN hole and Prenders And Prenders And Prenders A B 91 File Acid. ACID. TY Funeral Hole MD 2150	allegany 10d. INSIDE CITY LIMITS? YES 2 NO NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 NO YES 2 YES								
irmont 10f. ZIP CODE 2655 13. Was December of Hisparity Cuban, Market 1 YES 2 XNO Xpec XNO Xpec XNO Xpec XNO Xpec XNO Xpec XNO Xpec XNO Xpec XNO Xnow XNO Xnow	AMIC ORIGIN? (Specify Yee or Nan, Puerto Rican, atc.) 16b. KIND OF BUSINES OWN hop AME (First, Middle, Meiden Surme Ina Prendere Petersburg Ont DATE AB 91 Final Continue	g. CITIZEN OF WHAT COUNTRY? USA Io- 14. RACE — Amaricen Indian, Black, White, etc. Specify: White BS/INDUSTRY Me ame) gast on — City or Town, Stata airmont WV ome 2								
13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxic 1 VES 2 NO Spec USUAL OCCUPATION work done during most of working se retired.) 18. MOTHER'S N Susan A ADDRESS (Street and Number or Rura N. Main St. F OF DISPOSITION (Name of or other place) SCEM. WV 22. NAME AND ADDRESS OF F Scarpelli Cumberlan	AMIC ORIGIN? (Specify Yee or Nan, Puerto Rican, atc.) 16b. KIND OF BUSINES OWN hop AME (First, Middle, Meiden Surme Ina Prendere Petersburg Ont DATE AB 91 Final Continue	USA 14. RACE — American Indian, Black, White, atc. Specify: White BS/INDUSTRY The series of the property of								
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aker 18. MOTHER'S N Susan ADDRESS (Street and Number or Rura N. Main St. P E OF DISPOSITION (Name) or other place) SS Cem. WV 22. NAME AND ADDRESS OF F Scarpelli Cumberlan	OWN hor own hor own first, Middle, Meiden Surne in a Prender of Route Number, City or Town, Ste Petersburg of the DATE 20c. LOCATION 4891 F. ACCUTY Funeral Hod, MD 2150	me gast ste, Zip Code) WV 26847 ON - City or Town, Stata airmont WV Ome								
Susan A ADDRESS (Street and Number or Aura N. Main St. F E OF DISPOSITION (Name or other place) Fair mo SS Cem. WV 22. NAME AND ADDRESS OF F Scarpelli Cumberlan	Acility Funeral Hody, MD 2150	gast NV 26847 NON - City or Town, State airmont WV ome 2								
N. Main St. P E OF DISPOSITION (Name) or other place) Fairmo SS Cem. WV 22. NAME AND ADDRESS OF F Scarpelli Cumberlan	etersburg 100 Location 4 8 91 For ACLITY Funeral Hod, MD 2150	WV 26847 ON - City or Town, Stata airmont WV Ome 2								
e of Disposition (Name i rmo sor other place) Fairmoss Cem. WV 22. NAME AND ADDRESS OF F Scarpelli Cumberlan	nt date 20c.LOCATION 48 91 Financiary Funeral Hod, MD 2150	on — City or Town, Stata airmont WV ome 2								
22. NAME AND ADDRESS OF F Scarpelli Cumberlan	Funeral Hod, MD 2150	ome 2								
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
in the underlying cause given i	n Part I. 24s. WAS AN AUTH PERFORMED 1 YES 2	O? AVAILABLE PRIOR TO								
OTHER:										
JURY M 1 YES 2 NO	28d. DEŞCRIBE HOW INJUS	RY OCCURED								
street, factory, office	261. LOCATION (Street and P City or Town, State)	Number or Rural Route Number,								
29c. LICENSE N D1144	UMBER 29	d. DATE SIGNED (Month, Dey, Year)								
	F): In the underlying cause given is 28. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence of the Company of the Compan	F): In the underlying cause given in Part I. 24a. WAS AN AUT PERFORMET 1 YES 2 28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) IE OF 28c. INJURY AT WORK? I O' YES 2 NO Street, factory, office 26f. LOCATION (Street and City or Yown, State) red at the time, data and placa, and dua to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in my opinion, death occurred at the time, data and placa, and dual to the cause(a) and manner on, in m								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- riours after death. Page 6 may be relained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	pe med whelin /z nous alter dealt with the base copy, or regard and member space from the medical examiner must be notified at once.
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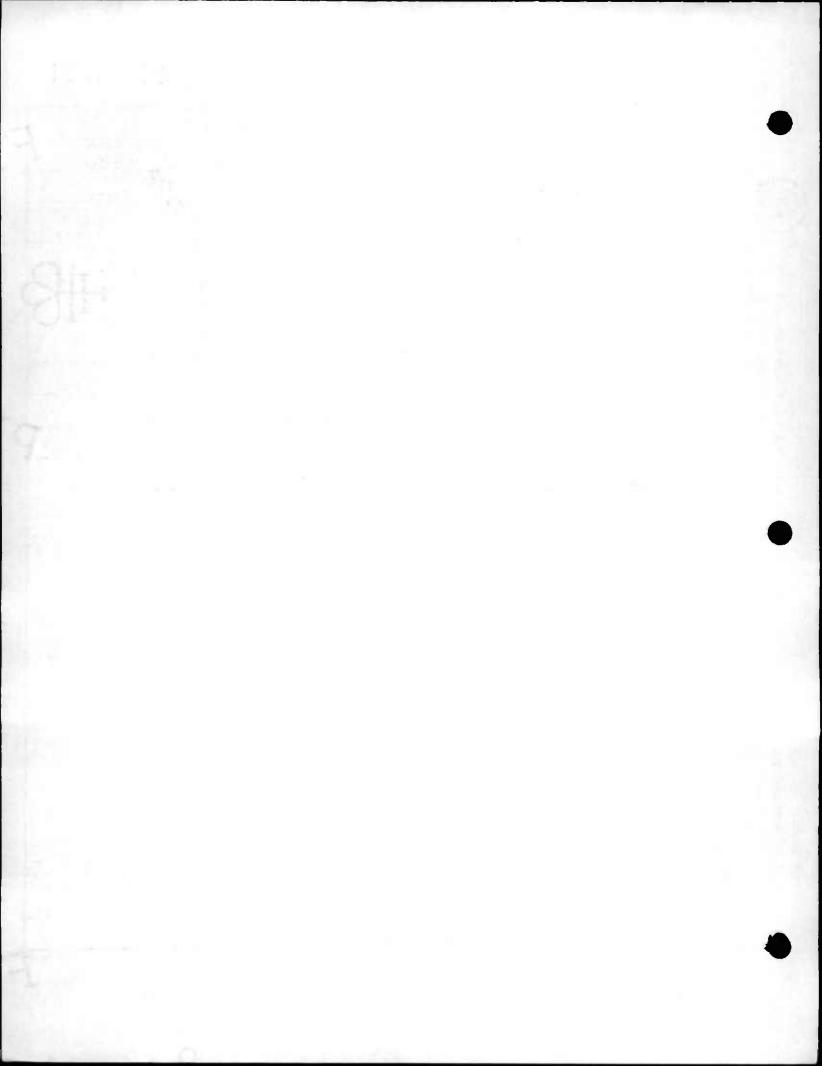
							_ 9	1 113	91
_	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO			
	1. DECEOENT'S NAME (First, Middle, Leat) FI.	IZABETH GEN	NEVIEVE	HARTMA	N Wan_	2. DATE OF DEATH	~/4	3. TIME OF OR	P. M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. ME (In yr	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BURTH (Mover, Day, Year)		BIRTHPLACE (State or Country)	152.4
	220-10-3313 1	M 2 TE 71	YRS.		R LOCATION OF DE		1919	Maryland	
2	Washington Count				stown		10.15	shington	
DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE C	
	Maryland Washin	igton	Hag	gerstow	TI ZIP COOE		100 CITIZI	1 TYES 2	Λ-
5	Route # 9 Box 199)		101	21740		U.S.A.		
DY FUNERAL	11, MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	PART OF THE PROPERTY OF THE PR	2 TO NO	If yes, sp	ENDENT OF HISPAN policy Cuban, Mexica 2 NO Specify	14. RACE — American II Black, White, etc. Specify: White			
EIED	15. DECEDENT'S EDUCATION	ION 16	Sa. DECEDENT'S US			16b. KIND OF BU	SINESS/INDU	STRY	
١	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of work done during most of working life. Do NOT use retired.]						D 1		
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)		Secreta	ary	18. MOTHER'S NA	School ME (First, Middle, Maider			
BE C	Daniel R.	:		Amy	Kate		Zuck		
20	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town								
-	Larry F. Hartman	Lower				isle, Pa.			
	20a. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	of from State	LACE OF DISPOSITI			17-91 Hage		City or Town, Stata	1/1
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	raur s	22. NAME AI	D ADDRESS OF FA	ffman Fune	erstow	n, wash.,	Md.
	+ R. hael T.	Brady		40 E.	Antieta	m St., Hag	eral H	ome, Inc.	1740
	23. PART I. Entar the diseases, or com ahock, or heart fallure. List	nplications that caused th	he death. Do not h line.		da of dying, suc	ch as cardiac or reap	oiretory erre	eat, Approx	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Adeno	Carling	ma of	the	Pancre	as	Olre	- 1/2
	bue to (or as a consequence of):								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	DNSEOUENCE OF):						
2 2	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):						
CERI	resulting in death) LAST								
MEDICAL	PART II. Other algnificent conditions of	contributing to death but	not resulting in	the underlyin	g cause given in		RMED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?	OT ROIS
MEL								1 TYES 2	□ №
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)			
PHYSICIAN:		HOSPITAL:	ant 3 DOA 4	OTHER:	ne 5 🗆 Residence	a Other (Specify)			
	27. MANNER OF DEATH 1 Autural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (W YF	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED	
Э ВҮ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, etc. (Specify,				281. LOCATION (Stree City or Town, Stat		or Rural Route Number,	
Ī	4 Homicide determined	banding, etc. (Specify,	,			City or rown, Star	a)		
COMPLETED	(Check only	AN: To the best of my knowled							
S	2 MEDICAL EXAMINEN:	On the basis of examination a	^ . /	di .	I an				
) BE	29b. SIGNATINE AND TITLE OF CERTIFIER	mll	Personal?	hypican	29c, LIPENSE NU	1359	29d. DATE	ESIGNED (Month, Day,)	1/89

Poto mac

DHMH-18 Rev 1/89

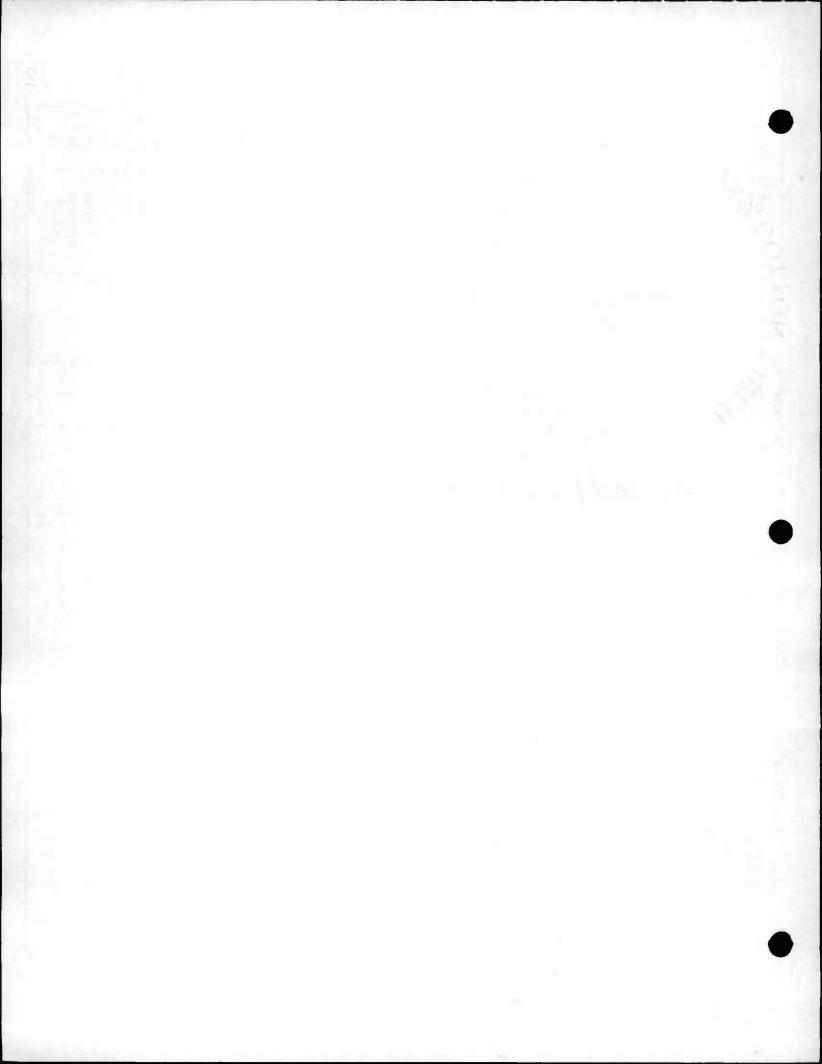
31. DATE FILED (Month One 1997)

32. REGISTRAN'S SIGNATURE
JUNA DAVIDSON Randale



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4. Nouns after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been as signed by the attending physician and physician and completely miles in by the funerul, page 5 should be detached for use as upon the property of	be filed within 72 hours after death with the State Legt. or results and mentan register prior to urous, controlled a variety to a satisfied as and
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	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLA		PARTME TIFICAT				MEN'	TAL HYGIEN REG. NO.	E	9	1 11392
	1. DECEOENT'S NAME (First,	Middle, Last)	E		Ho	Ila	nc	1		MC	ATE OF DEATH	×,	YEAR 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX 1	8. AGE (In	yrs. lest birt	thday) IF UNI MONTH	DER 1 YEAR		N 24 HRS.	(M	orth, Day, Year)	1908	Count	PLACE (State or Foreign ry) Cyland
.	9a. FACILITY NAME (If not in			1		9b. C		OR LOCAT		EATH		100	NTY OF E	
5	Washington		y Hospita	āΤ			над	ersto	wn					ington
١	10a. STATE	10b. COUNTY				Oc. CITY, TOW								10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Wash:	ington			Hager	_	VI 101. ZIP CODE 10g. CITIZEN OF					1 YES 2 X NO	
	110 Hollywood Road						21740 USA					WHAI COUNTRY?		
DI LONEA	11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				D	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — Ameri Black, Whita, etc.)								
	(Specify only Elementary/Secondary (6	EDENT'S EOU y highest grade 0-12)	CATION completed) College (1-4 or 5	kind of work do NOT use retire							OUSTRY	-		
COMPLE	12 years chief train dispatcher railroad													
00 30	17. FATHER'S NAME (First, Middle, Last) William E. Holland Nora Leckron The MANUSCON AND Control of the North North Control of the North Nort													
2	Rodney B. Holland 8022				22 Tim	NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Timbertree Way West Chester, Ohio 45069 POSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State								
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State ROSS PLACE OF DISI				iill C	emet	ery			Hag			Maryland	
	Laule or english	CE LI	Munu	ick				Id N. ral H		nic nic				mac Street Maryland
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death Science and Science													
ERITIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL C	PART II. Other algorification of the History	OF DEATH?												
	Long	Smily	histag											
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	ER/Outpo	itient 3 🗆	DOA 4	HER:	PLACE OF			Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	- 1	28b. TIME OF INJURY		INJURY AT WORK? YES 2	□ NO	28d. DESCRIBE HOW INJURY OCCUREO				
	3 Suicide 6 4 Homicide	Could not be determined		OF INJURY I, etc. (Speci		, farm, street,	factory, c	ffice		201.	City or Town, State	and Numb	er or Rum	l Route Number,
COMPLETED	Open		ER: On the basis of											o(a) and manner as stated.
Z L	29b. SIGNATURE AND TITL	11	neles mis					29c L	CENSE NI	UMBER	79	29d. D/	ATE SIGNE	ED (Month, Day, Year)
2	30. NAME AND ADDRESS O	OF PERSON W	mo		00	Er) (Type, Print,	to L	-one	9	te	edysville	. h	18	21756



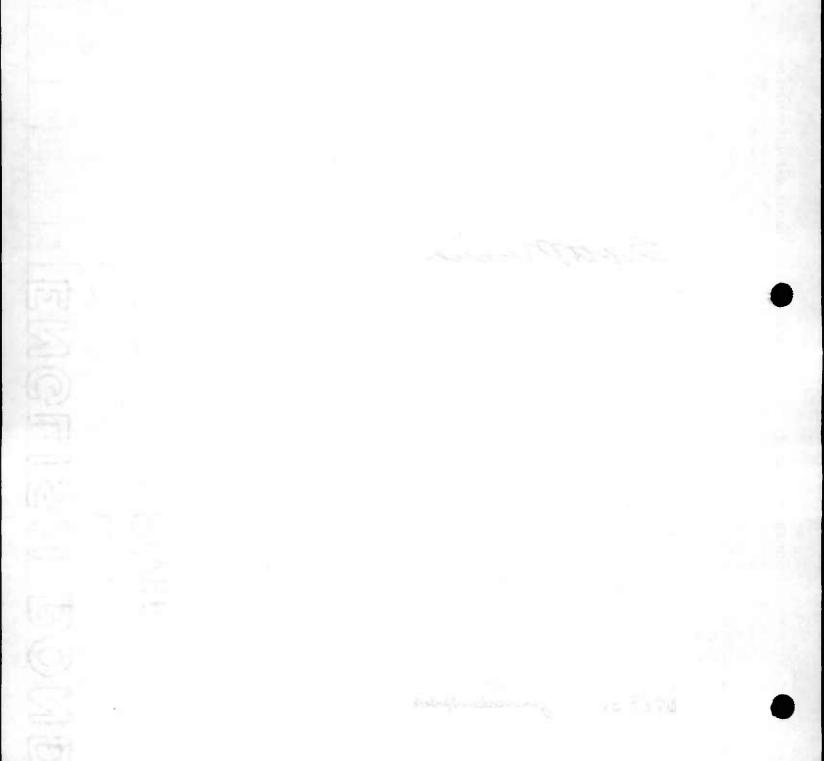
TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEF	PARTMEN	T OF H	DEATH	ND MENT	AL HYGIEN	E 5		11393
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	TE OF DEATH		3	. TIME OF OEATH
	Annette E.	u-	annagan				MOH			YEAR	E+0E > #
			E (In yrs. lest birth	(av) IF UNDE	R 1 YEAR	IF UNDER 24	HOS 7 DAT	E OF BIRTH		-	5:05 A. M ACE (State or Foreign
- 1	150-03-6734	1 □ M 2 1		MONTHS	DAYS	1	III. (Mo	nth, Day, Year)	02	Country)	
- 4	130 03 0734							1. 9,19	T -		Jersey
~	9a. FACILITY NAME (If not institution, give stre	Surper Sure C				R LOCATION				TY OF OEA	
2	Coffman Mursin	g Home			Hage	rstown	1		Was	hingt	on
DIRECTOR	10e. STATE 10b. COUNTY		100	CITY, TOWN	OR LOCAT	ION				14	od. INSIDE CITY
Ē			1								LIMITS?
	Maryland Washi	ngton		Smith		-			The state of the s		YES 2 NO
RA					101	ZIP CODE		10g. CITIZEN OF WHAT COUN			AT COUNTRY?
	Route 4, Box 78				2178				USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 \(\begin{array}{c} \text{Merried} & 2 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			13.	If yes, sp		Mexican, Puert	RIGIN? (Specify Yes or No— lerto Rican, etc.) 14. RACE — Am Black, White Specify: White		- American Indien, White, etc.	
	15. DECEDENT'S EDUCA			DECEDENT'S USUAL OCCUPATION Give kind at work done during most of working					SINESS/INOL	JSTRY	
ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		d of work done OT use retired.,		st of working					
김	(-12)	conege (14 or 5 +)	con	puter	ope	rator		print	ing		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-		-	-	,	C'S NAME (Firs	t, Middle, Malden	Ü		
	William Rilling								ourname,		
H	William Rilling Emily Wahl 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									Codel	
2	Ethel Fedele Route 4, Box 78, Smithsburg, Md. 21783										
	20a. METHOD OF DISPOSITION 1 X Burist 2 Cremation 3 Remove		20b. PLACE AND			(Name	Di		CATION — C	•	
	4 Donation 5 Other (Specify)		Holy Re	deeme	r		j	S.	Plain	field	l, N. J.
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22 M	NAME AL	ND ADDRESS	OF FACILITY IERAL I	HOME			
	· Tracto	Marca	. 1						garet	OVI	Md. 21740
	23 PART I Enter the diseases or or	amplications that cause	ad the death								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart fellure. List only one cause on each line. Approximate Intervel Between Constraint Parts.										
	IMMEDIATE CAUSE (Fine) disease or condition Could need to the condition									Onset end Death	
	resulting in deeth)	Severe	lughy	ht Side pulluments							
		DUE TO (OR AS	S A CÓNSEOUEN								
Z	Commentative that are different to										
월	Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUEN	CE OF):							
S	CAUSE (Disease or injury										
	that initiated events	DUE TO (OR AS	S A CONSEQUENC	CE OF):						_	
CERTIFICATION	resulting in deeth) LAST	•									1,5
2	DART II ON I III							T to be seen in			
4	PART II. Other significent conditions	Contributing to death	Dut not recult	ing in the u	inderlyin	g ceuse giv	en in Part i.	24a. WAS AN PERFO			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
8	- pluete	she par	any					1 TYES	NO D		OMPLETION OF CAUSE OF DEATH?
빌		sef I he	gretien	w						1	YES 2 NO
÷		1	//								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO-MEDICAL				28. P	LACE OF DEA	TH (Check only	one)			
S		HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆 De	OT HE	ursing Hon	ne 5 🗆 Resid	dence 6 🗆 O	ther (Specify)			
۱ ±	27. MANNER OF DEATH	26e. DATE OF INJUR	Y 266	. TIME OF	28c. IN.	JURY AT		DESCRIBE HOW	INJURY OCC	URED	
	1 Natural 5 Pending	(Month, Day, Year	7	INJURY M	1 🗆	ORK? YES 2 🗌 I	40				
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	IRY — A1 home, fr	rm, atreet, fe	ctory, offic		_	OCATION (Street	and Number	or Rumi Box	ite Number
	4 Homicide 6 Could not be determined	building, etc. (S	pecify)		,			ity or Town, State,		sprout F 1006	
COMPLETED	29e. CERTIFIER										
핕	(Check only	CIAN: To the best of my kn									
ő	2 MEDICAL EXAMINER	: On the beals of examine	tion and/or invest	Igation, in my	opinion, o	feath occured	at the time, d	ate end place, er	nd due to the	e cause(e) e	and manner as stated.
	296. SIGNATURE AND TITLE OF CURTIFIER	11.				290 LICENS	SE NUMBER		29d. DATE	SIGNED (A	fonth, Day, Year)
BE	SAMUEL (MAN				1)30	3650		> (4/23	191
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non-Print)										11 4	1.11

APR 23 91

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

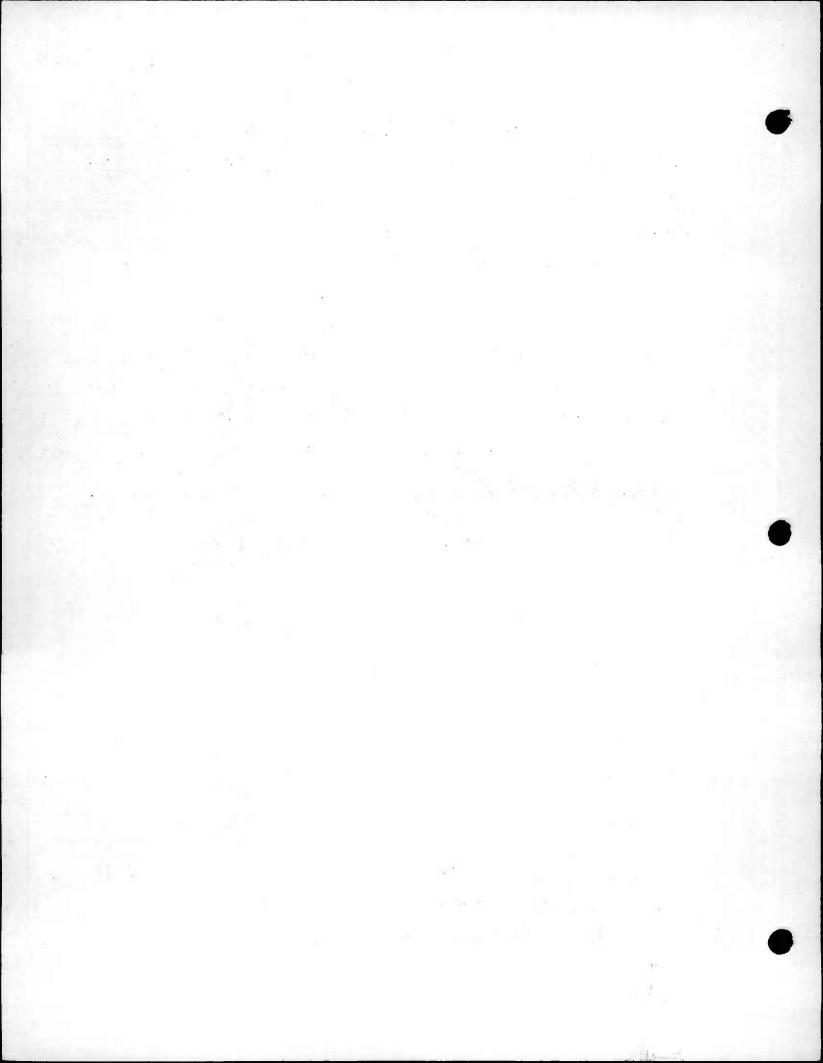


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Lest) JAMES	BRYAN	НОІ	LOWAY		2. DATE OF DEATH MONTH APRIL 5	DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2 14-18-4068	1 XXM 2 □ F	70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year AUG. 2, 19	20	B. BIRTHPLACE (State or Foreign Country) MARYLAND		
TOR	90. FACILITY NAME (If not institution, give s PENINSULA GENERAL RESIDENCE OF DECEDENT				LISBURY	DEATH	200	TY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNT	omico		Y, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 7 YES 2 XX NO		
- 1	100. STREET AND NUMBER RT 3, BOX 339, 1	MT HERMON RO	ΔD		01. ZIP CODE 2 180	1	10g, CiTiZi	EN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	if yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.)		USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6 YEARS	CATION o completed) Coffege (1-4 or 8+) NO	Ille. Do NOT u	work done during i	nost of working	174	BUSINESS/INDU			
BE COM	17. FATHER'S NAME (First, Middle, Last) RALPH C			JOE EIII	AME (First, Middle, Mak	den Surneme)	DAVIS			
10	HELEN L. HOLLOWAY		RT 3,	BOX 33	39, MT.HE	RMON RD,	SALISBU	JRY, MD 21801		
	20a. METHOD OF DISPOSITION 4 / 1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (S.	W	other place) ICOMICO	MEMORIA			TION — City or Town, State LISBURY, MD 21801			
	21. SIGNATURE OF FUNERAL SERVICE LI	160	1 Jean	HOLI		ERAL HOME L RD, SAL	•	, MD 21801		
CERTIFICATION	23. Part i. Enter the disease, or shock, or heert feliure. illustrate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	Onset Onset Onset Onset						
CAL	PART II. Other eignificant condition	ns contributing to death b	ut not resulting	in the underly	ing ceuse given in	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	•	26. OTHER:	PLACE OF DEATH (C	heck only one)				
BY PHYSICIAN: MED	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Tik	IE OF 28c. I	ome 5 Residence NJURY AT VORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	JRED		
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— A1 home, ferm,	atreet, fectory, of	lice	261. LOCATION (Str. City or Town, S.		or Rurai Route Number,		
COMPLETED	222	SICIAN: To the best of my know ER: On the basis of examination						d. e ceuse(e) end manner ee stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE GOVERNMENT OF PERSON WITH THE PERSON WIT	HOCOMPLETED CAUSE OF BE	m D.	Print)	D 155	JMBER S84	29d. DATE	SIGNED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year)		LISBU		nd. 2	1801				
10	APR 1 0 91	Julia Davidson	- Andell							



DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

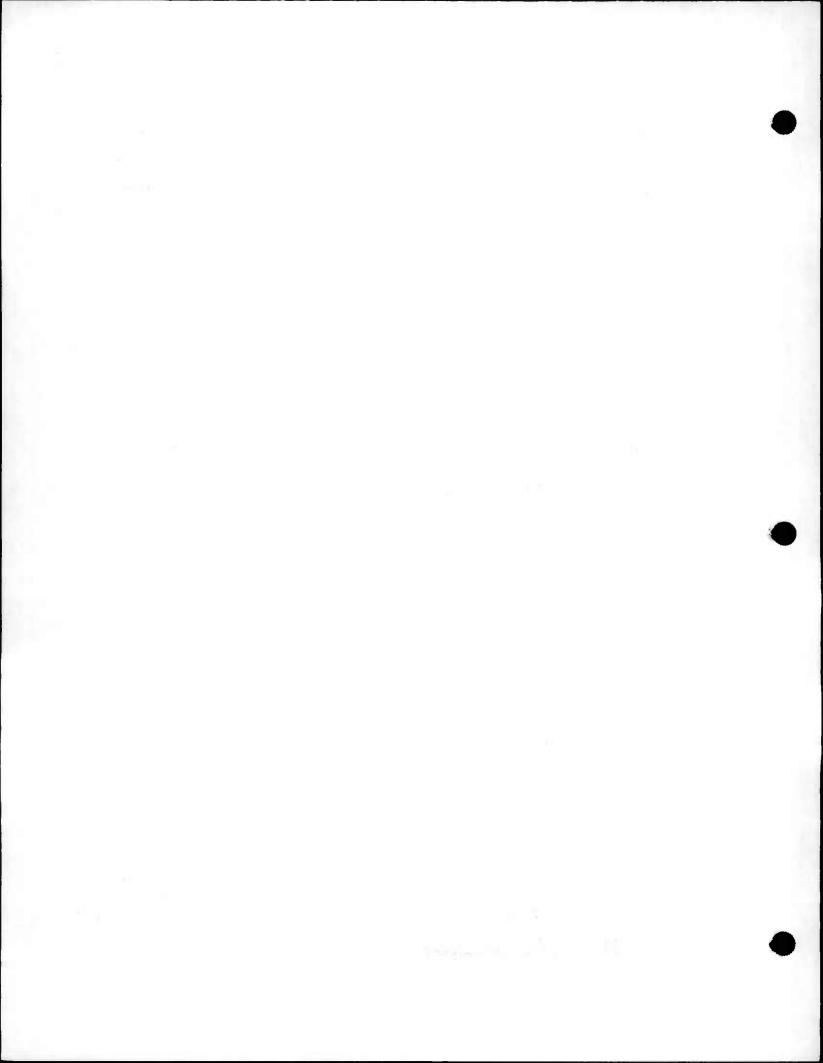
TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 computs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

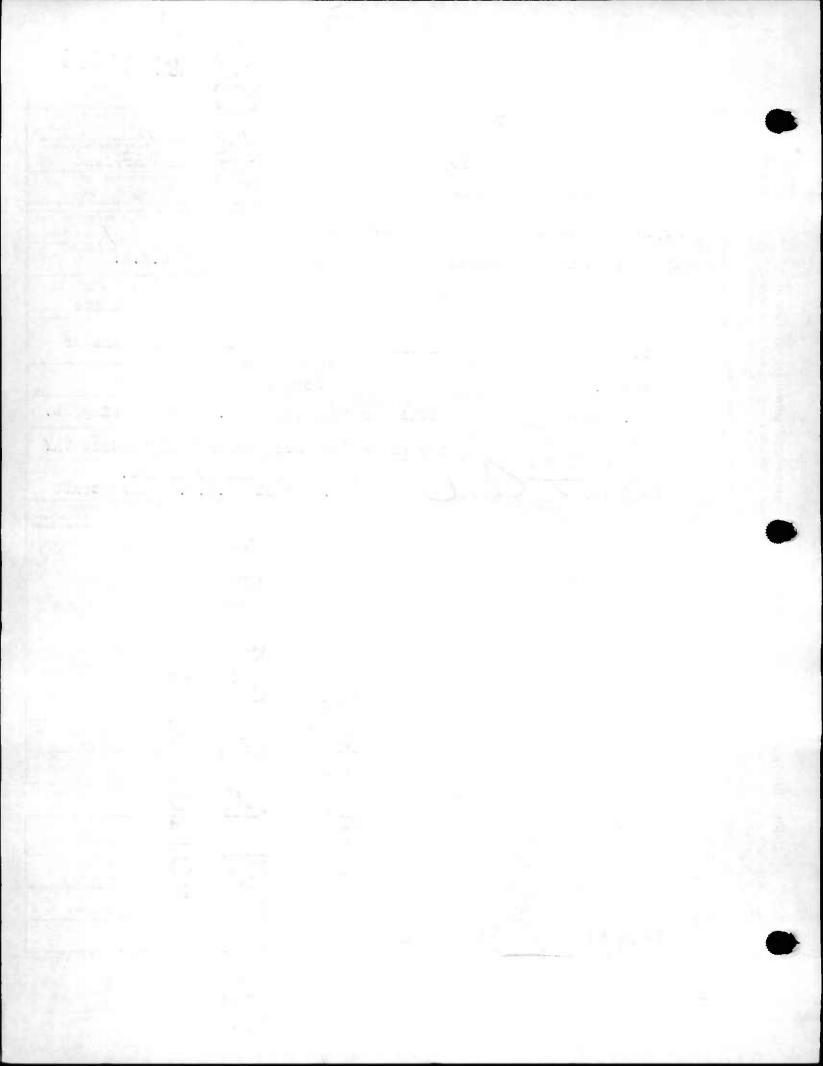
	1 - STATE STATE OF	MARTLAND /	RTIF	ICATE O	F DEATH	MENIAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		11	11		2. DATE OF DEATH MONTH D	AV	YEAR	3. TIME OF DEATH	
	ROSCOE B.		He	1/ANd		- WONTH 4/	73	91	7 30 M	
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		Country		
	212-14-4692 1× M 2 D F	71	YRS.	MONTHS DATE	HOURS INN.	(Month, Day, Year) 8 – 11 – 19	19	Mar	yland	
~	9a. FACILITY NAME (If not institution, give street and number)	. 1			sbury, MI		9c. COUNTY OF DEATH WICOMICO			
5	Peninsula General Hospit	a I		Sali	sbury, m	,		WICOMICO		
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	ATION				10d. INSIDE CITY	
DIRECTOR	Md. Wicomico		P	owelly	ville				LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	P 0 Box 23				21852			L	ISA	
7	FOROTOR	ENT EVER IN U.S. ARI				NIC ORIGIN? (Specify Yain, Puarto Rican, atc.)	n or No-	14. RACE Black	— American Indian, , White, etc.	
BY		WAR OR DATES			ES 2 NO Specif			Specif		
	15. DECEDENT'S EDUCATION	18a, DE	CEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	White			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(Gi	(Give kind of work done during most of working life. Do NOT use retired.)							
7	9		lf e	mploye	ed	Dump Truck Operator				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)			
BE C	Ossie Holland Marcella jones									
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	Alberta F. Holland				0.					
	20a. METNOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal from State	20b. PLACE other pla	OF DISPO	SITION (Name of	cemetery, cremetory or Cemetery		CATION —			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Powe	STIV		AND ADDRESS OF F		vell	VIII	e, Md.	
	South Grant Foreign School Books	V		ZZ. NAME	AND ADDRESS OF FA	CILITY				
	Suala C/oru	MOS				eral Home			bury, Md.	
	23. PART I. Enter the disease, or complications to shock, or heart fellure. List only one of	hat caused the de suse on sech lins	eth. Do	not enter the i	node of dying, suc	ch as cerdisc or resp	iratory sn	rest,	Approximete intervel Between	
	IMMEDIATE CAUSE (Final disease or condition	. 0 -	-	A	***************************************				Onset and Death	
	resulting in deeth) ss									
_	Acute Muccardial Detarch									
CERTIFICATION	Sequentially list conditions,	TO (OR AS A CONSEC	DUENCE O	10 Cc	valia	7-1-	vel	200		
CAT	ceuse. Enter UNDERLYING									
IF	that initiated events	TO (OR AS A CONSEC	OUENCE O	F):						
EH	resulting in desth) LAST									
	PART II. Other significent conditions contributing	to deeth but not r	esulting	In the underly	ing ceuse given in	Part I. 24s. WAS AF	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
DICAL						PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED							z gej NO		OF DEATN?	
2										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	heck only one)				
Sic	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inputient	ER/Outpetient 3	□ DOA	OTHER: 4 - Nursing H	ome 8 🗆 Reeldenca	8 Other (Specify)				
H	(Mont)	OF INJURY , Day, Year)	28b. TIR	E OF 28c.	NJURY AT WORK?	28d. DEŞCRIBE NOW	INJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
ED	3 Suicide S Could not be 4 Nomicide determined	OF INJURY — At ho ng, atc. (Specify)	me, term,	street, factory, o	Mice	28t. LOCATION (Street City or Town, State	and Number	r or Rural F	Route Number,	
ET										
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one)									
Ö	2 MEDICAL EXAMINER: On the basic of	t axamination and/or i	Investigati	on, in my opinior	, death occured at the	time, data and place, a	nd due to ti	he cause(s) and manner ea stated.	
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1			29e LICENSE NU	МВЕЯ	29d. DAT	E SIGNED	(Month, Day, Year)	
TOE	Mound	1			10-3	4768		4/1	13/7/	
	10. CAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITE	M 27) (Typ		Palman	0. X. C	7.1.	0	Mal	
	II. DATE FILED (Month, Day, Your) 32. REGIS	TRAR'S SIGNATURE	D.	260/	riversia	G ROV 6	MIS	>130	ry juy.	
la	ADO 1 5 'O4	5 SIGNALURE							•	



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death. Page	funeral dire		xaminer
nours after	ed in by the	or removal	medicai
1 within 24"	mpletely fille	, cremation,	went, the
be executed	clan and co	or to burial,	raumatic e
h certificate	inding physi-	Hygiene pri	or other to
nat the deatl	by the atte	and Mental	ny injury,
requires t	been signed	t, of Health	shows ar
AN: The law	tificate has	e State Depr	ir item 23
NG PHYSICI	fter this cer	eath with th	marked, o
OR ATTENDI	HRECTOR: A	ours after d	em 28 ls
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as t	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE THE	TO THE	be filed	IMPOR

STATE OF MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
С	ERTIFICATE	O	F DEAT	ГН	177	REG.	NO.

	1 - FOR STATE OF STATE OF			NT OF HEALTH AND	MENTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last) STEPHE STEPHEN Frederic	N FREDE	RICK H.		2. DATE OF DEATH MONTH DAY	YEAR 9/	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 30 76 9550 00 M 2	6. AGE (In yrs. Ins	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 2/9/5	z Mai	THPLACE (State or Foreign ntry) Cyland			
ECION	9a. FACILITY NAME (If not institution, give street and number) 10119 Capitol View A RESIDENCE OF DECEDENT	venue		ilver Spri	/	/				
Ĭ	Maryland Montgomery		10c. CITY, TOW Silv	er Spring		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
LEHAL	100. STREET AND NUMBER 10119 Capitol View A			10f. ZIP CODE 20910		10g. CITIZEN OF WHAT COUNTRY?				
BY FUNEHAL	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. AF 1 YES TOTAL E WAR OR DATES	40	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TES 2 NO Spec						
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 o	16a. De (G	Shop 1	Manager						
00 00	17. FATHER'S NAME (First, Middle, Last) Robert B. Harney			Joan						
2	19a. INFORMANT'S NAME (Type/Print) Joan C. Harney 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10119 Capitol View Ave. Silver Spring MD.									
	20a. METHOD OF DISPOSITION 1 Burlel 2 December 3 Removal from State 4 Donetton 6 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name 4 Cremetory 4/14/91 Alexandria VA.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	mad		TAKOMA FUL 254 Carro	MERAL HOMI	E, INC Wash	ingtonDC			
	23. PART I. Enter the diseases, or complications abock, or heert failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	cause on each line	.	cell Lyn	. /	etory srrest,	Approximate interval Between Onset and Death 5 monTh 5			
HILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST D. Acquired Immune Deficiency Syndrome 5 months Diff TO (OR AS A CONSEQUENCE OF): Human Immuno deficiency Vivus Infection 5 years DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CE	PART II. Other algnificant conditions contributing	to death but not	resulting in the	underlying couse given i	n Part I. 24a. WAS AN / PERFORI	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	100	ОТН	26. PLACE OF DEATH (C	Check only one)	-				
PHYSICIAN:	27. MANNER OF OEATH 28a. DATE (Mon	2 ER/Outpatient : E OF INJURY th, Day, Year)	26b. TIME OF INJURY	Nursing Home 5 Passidence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DEŞCRIBE HOW IN	JURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	CE OF INJURY — At h	ome, ferm, street,		261. LOCATION (Street a. City or Town, State)	nd Number or Run	al Route Number,			
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beals						e(a) and menner as stated.			
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED	en	M.O.	D ZZ	2 3 5	29d. DATE SIGN	ED (Month, Day, Year)			
	Wesley B. Mc	TRAR'S SIGNATURE	10810	Connectic	ut Ave	Kens	ington Md			
_	APR 15 91 Julian	avidson-line	d 4 0 2				DHMH-18 Rev 1/89			



BALTIMORE, MARYLAND 21203-3146

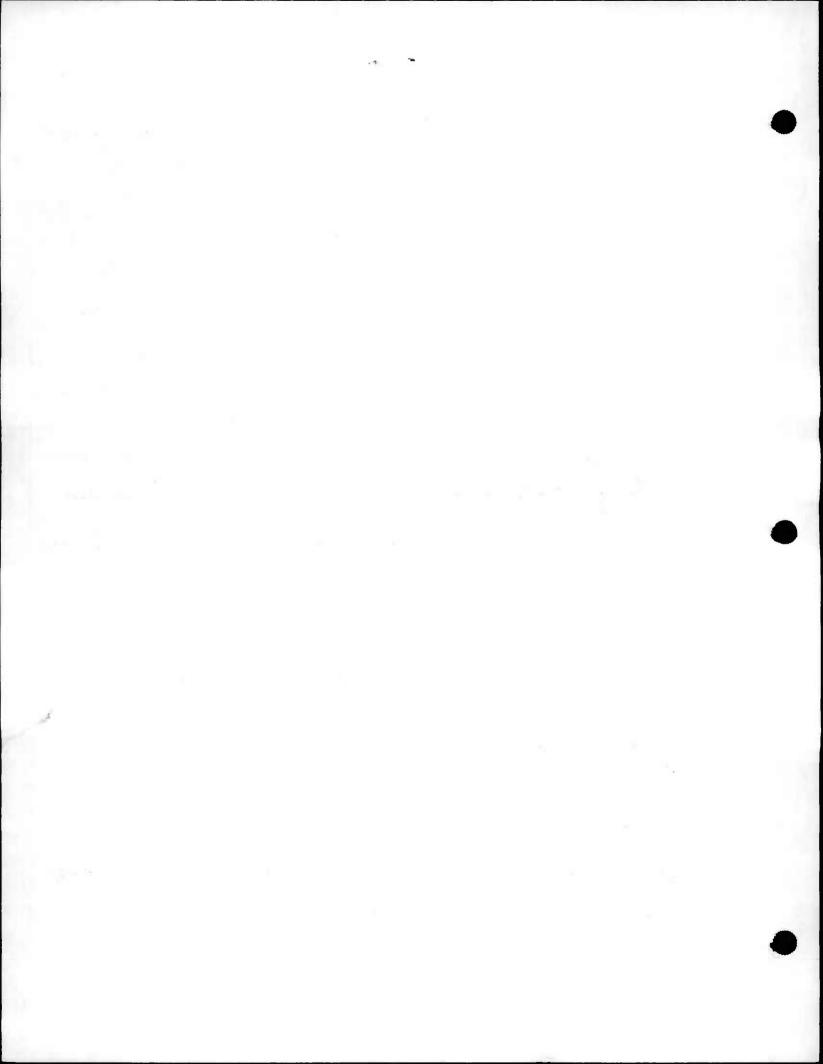
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) Juanita M. Hyde	1			2. DATE OF DEATH MONTH DA	N YEA				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In you		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	IRTHPLACE (State or Foreign ountry)			
	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
OR	Howard County Gen. A	Yosp.	Col	unbia		Hou	vard			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?			
ā	Md Howard	1	aure/				1 TYES 2 X NO			
RAL	100. STREET AND NUMBER #8 Ric4h AUCN	ue	101.	ZIP CODE	223		S.A.			
FUNERAL	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.	S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.			
B⊀	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FYES, GIVE WAR OR DATE		1 TYES	2 X NO Specify	r, Poerto Mican, etc.) /:		Specify: White			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work life. Do NOT use re	UAL OCCUPATIO	N at of working	16b. KIND OF BUS	SINESS/INDUSTR	iγ			
COMPLETED	Elementary/Secondary (0-12) Grade 8 College (1-4 or 5+)	Factory			Pian	o facto	nu			
COM	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Surname)				
BE	Alfred Jones 190. INFORMANT'S NAME (Type/Print)	I son Mail INC AD	DDF66 (Omat o		XX Maud Route Number, City or Tow		eth Holcomb			
2	Dixie Sparks				el, Maryla					
	1 Burial 2 X Cramation 3 Ramoval from State 06	LACE OF DISPOSITION PROPERTY (CAREE)				CATION — City of				
	4 Donation 5 Other (Specify) M6 21. SIGNATURE OF FUNERAL MINISTELLICENSEE	etro Cren		INC.	Cat	:onsvill	le, Maryland			
•	· CRORENX, Kom				eral Home, ve. Laurel		0			
	23. PART i. Enter the dispases, or complications that caused the shock, or heart failure. List only one cause on asci	ne death. Do not								
	IMMEDIATE CAUSE (Final						intarval Batwaan Onset and Dasth 2 WEEKS			
	disease or condition									
NO	Sequentially list conditions,	STROKE	2							
CAT	If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ONSEQUENCE OF):								
	d				44.					
CAL	ANADRIPLECIA CONGETTUE			10	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	BOWEL DISEASE, PROTEIN - CALL	ONLIE M	ALNUTR	ITION	M (C 1 TYES 2	Z NO	OF DEATH?			
N.										
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Minpatient 2 ER/Outpatk		THER:	ACE OF DEATH (Ch						
并	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME C	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW		:D			
BY F	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆 1	rES 2 NO		1,1				
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination a						use(a) and manner as stated.			
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			SNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH				8296		4-08-91			
	Joseph Gibbons 9501 Old Ann	apolis R	d. Ell	icott C	ity, Md.	21043				
	31. DATE FILED (Month, Day, Year) APR 0 9 91 Julia Davidson	-Randall								



AND.

OR ATTENDING PHYSICIAN:

DIVISION OF VITAL

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91 11398 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 3 TIME OF DEATH Cornelius Dennis Hammond 2 DATE DE DEATH VEAR Cornelius D Hummond ¥ OLOU AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-20-4101 65 1 M 2 F 10-12-25 BALTO MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY DF DEATH Columbia General Howard Hospital 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD t Spring Howard 3110 West 1 U YES 2 TO 10g. CITIZEN OF WHAT COUNTRY? Drive Elle 1 TYES 2 NO 10e. STREET AND NUMBER U.S 3110 West Spring Drive 21043 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-WAS DECEDENT EVEN IN CO. FORCES? 1 X YES 2 N IF YES, GIVE WAR DR DATES. 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Merried 2 ND Specify: Black 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 15h. KIND DE BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Carpentry Construction 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Marcellus Hammond Fuller Achsah 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3668-B Mt. Ida Drive, Ellicott City,MD 21043 Deborah Hammond 20e. METHOD OF DISPOSITION 20b. PLACE DF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State METHOD OF DISPOSITION

Burlel 2 Cremetion 3 Removal from State

Donation 5 Other (Specify) Baltimore Nat'l. Cemetery Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSE to flora kallon M00535 Ellicott City, Maryland 21043 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death Hypo yenia Due to (or as a consequence of): disease or condition resulting in death) Acute Congestive Heart Fuilure DUE TO (OR AS A CONSEQUENCE DF): Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Artery Diseas CAUSE (Diseese or Injury thet initieted events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS

HyperTensin

1 TYES 2 NO

AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 TYES 2 ND

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

5 Pending

Investigation

6 Could not be

A.

27. MANNER OF DEATH

Natural

2 Accident 3 Suicide

4 Homicide

26. PLACE DF OEATH (Check only one) OTHER: 1 ☐ Inpatient 2 NER/Outpetient 3 ☐ DOA

ng Home 5 - Residence 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

D3907Y

28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 25c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify)

251. LOCATION (Street end Number or Rural Route Number, City or Town, State)

1 **CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER

Som MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SMITH

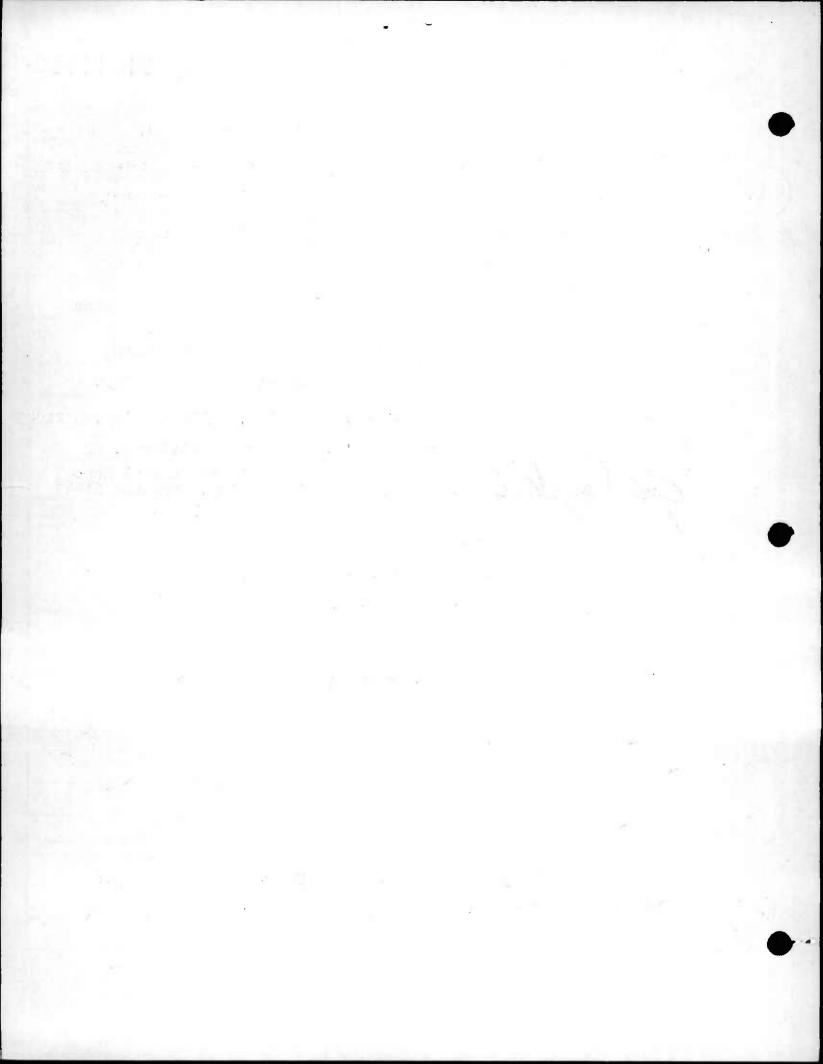
General Hospital, Emergana. Howard Courty

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DAVID 31. DATE FILEO (Month, Day, Year) APR 0 8 '91

32 REGISTRAR'S SIGNATURE whia Davidson Bondall

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DIVISION OF VITAL RECORDS, F.O. BOA 13146, BALLIMONE, MANILAND 21203-3146	一大変を	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cx. nours after death. Page 6 may be retained by the hospital or attending physician.	(
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2	2 6 40 41	
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.		
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	(100)	
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DIRECTOR

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CERTIFICATION

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31. DATE FILED (Month, Day, Year)
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11399 91 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEMENT'S NAME (ELE 2. DATE OF DEATH 8. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH BIRTHPLACE (State or Foreign 218-48-8872 DAYS MONTHS HOURS MAK 1 - H 2 XF VRS 01-22-1946 9e. FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH TOWARD TENERRA aury TOWAR UMBIA RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY SILVER SPRING MONTGOMERY 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20906 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITS 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondery (0-12) College (1-4 or 5+) DUNSELOR 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surname) THORNEN 1BAUG-17 VIRGINIA 19a, INFORMANT'S NAME (Type/Print) 20855 Willow Oak RA11-20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or EllICOTI 4 Donation 5 Other (Specify) CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FUNERAL Home SLACK 2043 HOOS MOD elicon 15 Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final end/Death disease or condition resulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ORGULOPATH cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? HYPENTEUR S PORTAL 1 TYES OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one. HOSPITAL: EXAMINER? OTHER: 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA g Nome 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT 26d, DESCRIBE NOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER

(Chark ank)

CERTIFYINO PNYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 286 SCHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SCHED (Month, Day, Year) on 1 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

Julia Davidson

Ellicott

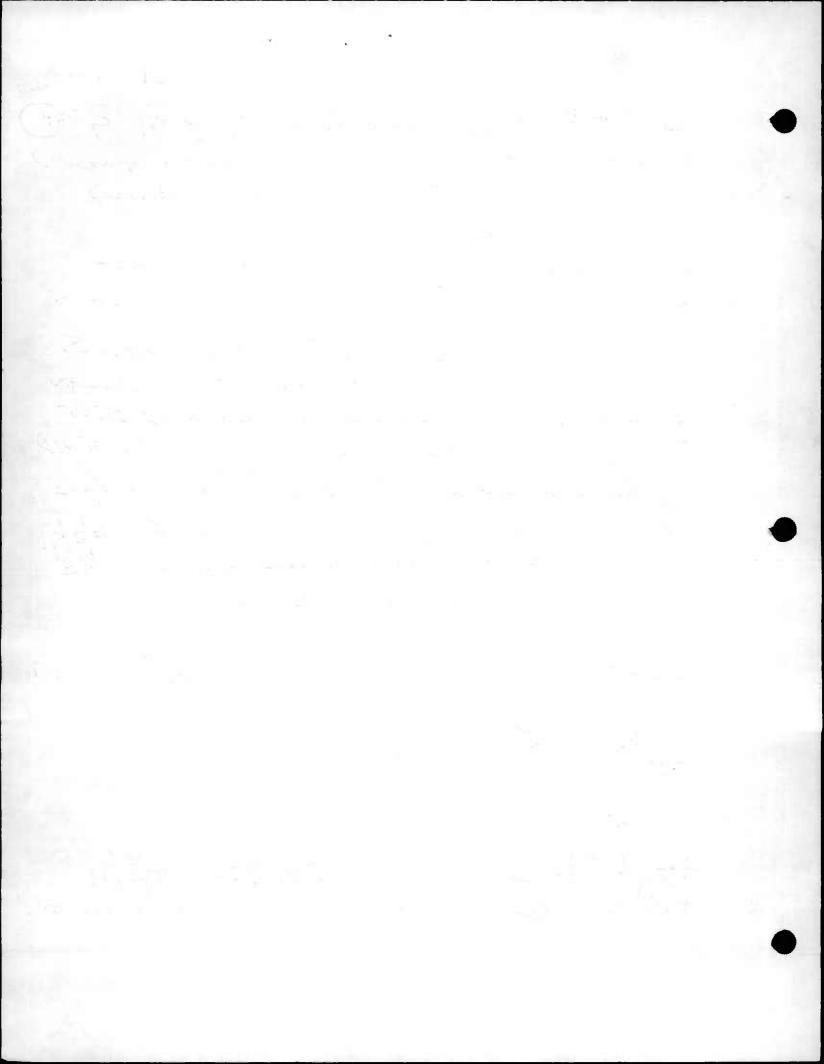
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may are made by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page the fine within 72 hours after death with the State Dent, of Health and Mental Horiere infort to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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31. DATE FILED (Month, Day, Year)

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lospital or attending physician.

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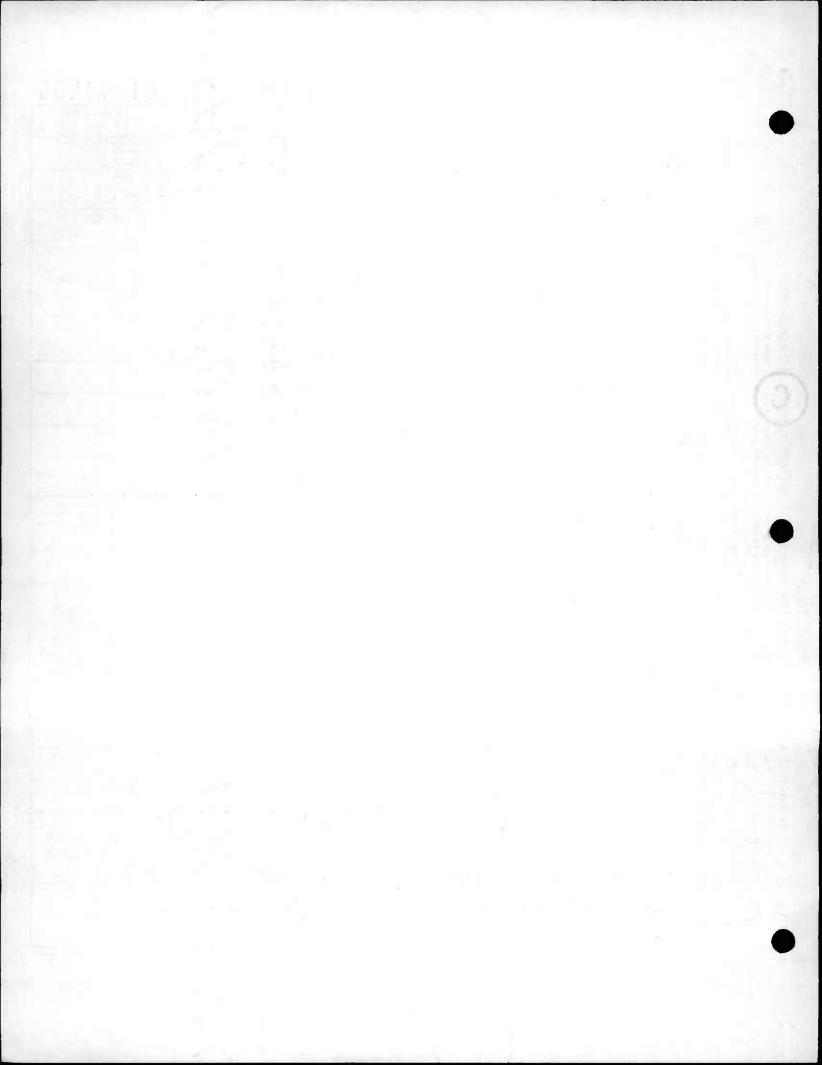
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 04-07-91 Joseph Jacques 9pm 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Dev. Year 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. 'last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 07-08-10 1 XM 2 | F YRS. 578-20-3606 80 NEW MEXICO 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital Olney, Md Montgomery RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD HIGHLAND 1 YES 2 NO 10a STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13730 BRIARIDGE COURT 20777 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 8 WHITE ETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his Elementary/Secondary (0-12) College (1-4 or 5+) COMPL ACCOUNTANT FEDERAL GOVERNMENT C.P.A. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RAMON JACOUES TRINIDAD MUNOZ BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY E. HERGERT (DAUGHTER) 13730 BRIARIDGE COURT HIGHLAND, MARYLAND 20777 20s. METHOD OF DISPOSITION
1 Z Buriel 2 Cremetion 3 Ren 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 Donation 5 Other (Specify) RESURRECTION CEMETERY CLINTON, MARYLAND 21. SIGNATURE OF FUNERAL SEMICE LICE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. ne 500 UNIVERSITY BLVD. W. SIL.SPR. MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) LIRCULATORY COLLAPSE DUE TO (OR AS A CONSEQUENCE OF): PROFOUND ANEMIA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate AUM'S HEMORRHAGE cause. Enter UNDERLYING CAUSE (Disease or injury CECAL. FROM DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST CONSUMPTIVE COAGULOPATHY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PROSTATE CARUNIOMA 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Home 5 - Residence 5 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 25b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 3700 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32 REGISTRAR'S SIGNATURE

who Davidson Randell

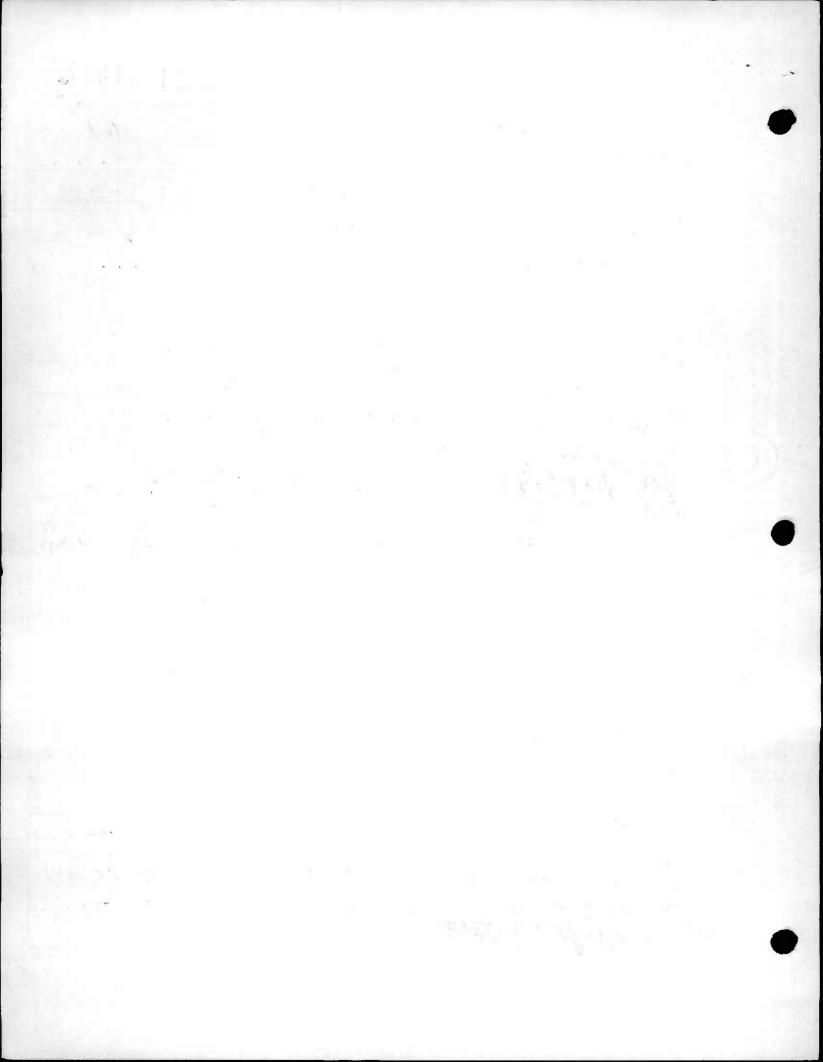
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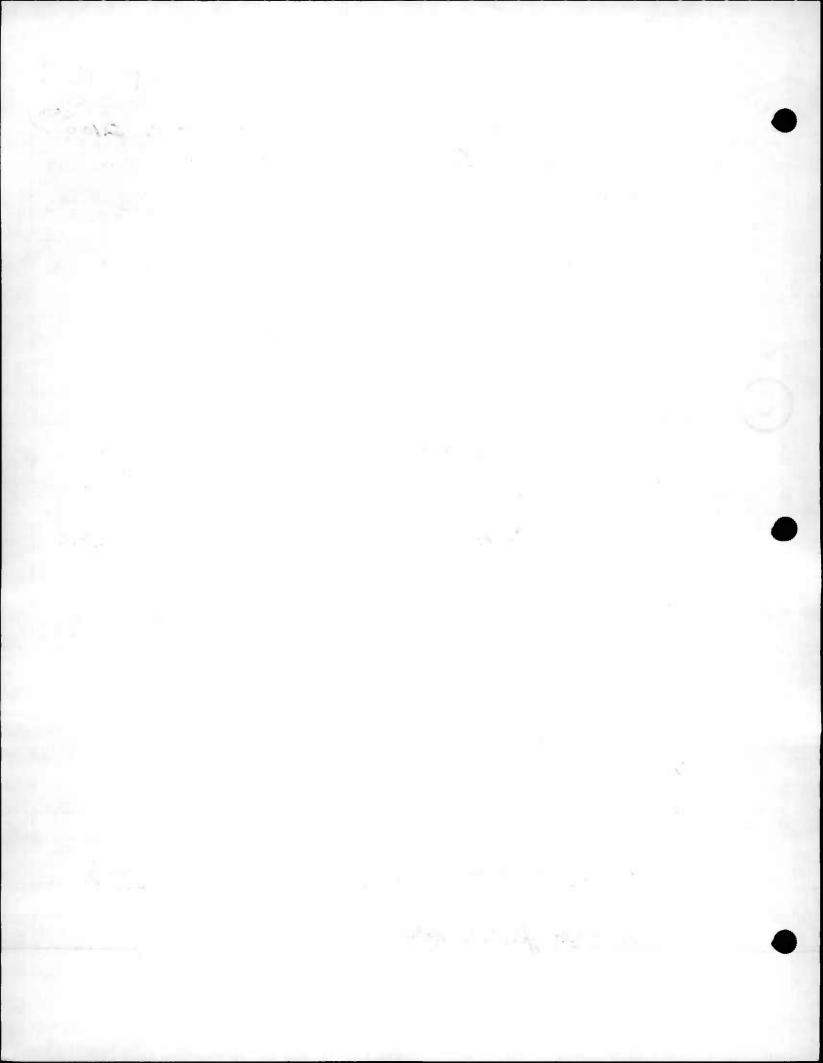
	1 - STATE REGISTRAR		STATE OF I		/ DEPAR					MENTAL	HYGIEN REG. NO.	E 9 1		401			
	1. DECEOENT'S NAME (First, II	Widdle, Last)	Rach	el Le	da	Jans	e			Apr.	il 5,	1991	YEAR 3.	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBE 220-48-965		5. SEX	6. AGE (In yrs.)	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Day Mari	1958	BIRTHPL Country)	ACE (State or Foreign			
	9e. FACILITY NAME (If not inst	titution, give st	reet and number)			96, CITY	. TOWN C	OR LOCATI	ON OF DE		. 10,		COUNTY OF DEATH				
DIRECTOR		ck Mer	morial H	ospital		100		leric				70.7	eder:				
EC		10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION					10	d. INSIDE CITY			
	Md.		Frede	rick		Bur		svil					12	LIMITS?			
ERAI	100. STREET AND NUMBER 8A W.	Main	St.				101	zip cod 2	1718				N OF WHA	A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 🔀 M 3 Widowed 4 Divore		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2X			If yes, sp	ecify Cube	OF HISPANI In, Mexican Specify:	, Puerto R	? (Specify Yes Icen, etc.)	or No 1	Specify:	American Indian, /hite, etc.			
	15. DECEI (Specify only i	DENT'S EDUC			DECEDENT'S				200	18b.	KIND OF BUS	INESS/INDU					
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MOX	17. FATHER'S NAME (First, Mid	idle, Last)			42.01			18. MOT	HER'S NAM		liddle, Maiden	-	u				
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5	Sheldon C.	Janse									er, City or Town		21718	3			
	20e. METHOD OF DISPOSITION 1 XBurlai & Cremation 3 Removal from State 4 Open on the Common of																
	21. SIGNATURE OF FUNDAM		O AA			22.	name al Dona	ITG F		omps	on Fun	neral Home					
	There	10	710-								Middle			21769			
	23. Unit L Enter the discess, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory arreat, index, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final																
	disease or condition resulting in death) a. Spinal meningitis DUE TO (OR AS A CONSEQUENCE GE):									7 days							
ATION	Sequentially liet conditions, If sny, leading to immediate cause. Enter UNDERLYING																
2	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):																
RTIF			DUE TO	(OR AS A CONS	EQUENCE O	NF):				`							
CERTIFICATION	resulting in death) LAST	l.	4							Deat I		Altronov	1				
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 Yes 2 Ao 27. MANNER OF DEATH 2 Accident 3 Suicide 6 C 4 Homicide Certification one) Certification one	MEDICAL MED	HOSPITAL: 1 2 Inpatient 2 28e. DATE Of Worth, L. 28e. PLACE (building)	ER/Outpetient FINJURY Pay, Year, OF INJURY — At etc. (Specify)	3 DOA 28b. Till IN death occur or investigati	OTHEL 4 Num M Street, fect	26. PI R: sing Hon 28c. IN, WC 1 tory, office	LACE OF E	DEATH (Che esidence	28f. LOCI	PERFOR 1 YES 2 (Specify) CRIBE HOW I	NJURY OCCU	RED RED RED RURAL ROUTE Cause(s) at	ALLABLE PRIOR TO ALLABLE PRIOR TO CAUSE FOEATH? YES 2 NO			
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 6 C 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE (Check only one) 1 Medicide	MEDICAL MEDICAL Mending Medical Med	HOSPITAL: 1 Pinpetent 2 (Month, L 28e. PLACE (building) CIAN: To the best of a	DF INJURY — At etc. (Specify) If my knowledge, examination end/	3 DOA 28b. Till IN IN IN IN IN IN IN IN IN IN IN IN IN	OTHEL OTHEL A Nur BE OF JURY M street, fect red at the toon, in my of	26. Pi R: aling Hom 28c. INJ WC 1 tory, office time, date opinion, c	LACE OF E	DEATH (Cheesidence) NO No, end due red at the ENSE NUM	28f. LOCI	PERFOR 1 YES 2 (Specify) (Specify) CRIBE HOW I	NJURY OCCU	RED RED Resident Round Resi	MALBLE PRIOR TO DIMPLETION OF CAUSE FORTHY VES 2 NO to Number, to Number, and manner as stated.			



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within <pre>cours after death. Page 6 may be retained by the hospital or attending physician.</pre> FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-trans in notified at once.
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TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If Item 28 Is m

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31. DATE FILED (Month, Day, Year)

11403 John Henry Judy FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH HN 0301 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 8. AGE (in yrs. last birtho 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Missouri 1 4 10 2 | F 102 07 7860 9 10-19 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 | NO Maryland Washington Hagerstown 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 1658 Woodlands Run 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

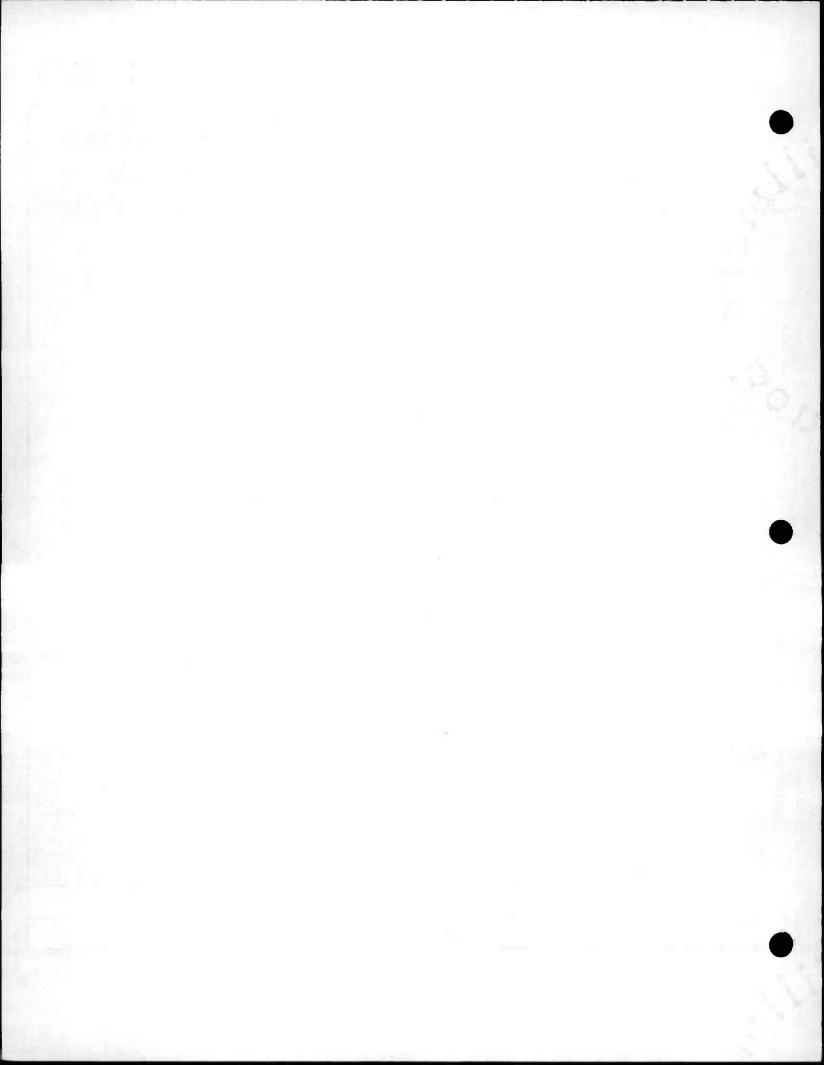
1 YES 2 NO Specify: 1 Never Married 2 Merried FORCES? 1 12 TES specify white BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION ost of working (Specify only high College (1-4 or 5 +) 12 years officer 4 vears Army 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumeme) Chesley Henry Judy Barbara Beatrice Brown BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1658 Woodlands Run Hagerstown, Maryland Arlene H. Judy 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from State Arlington National Cemetery Arlington, Virginia 4 ☐ Donation 5 ☐ Other (Specify) Gerald N. Minnich 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in death) · CHRONIO BRONCLITU CERTIFICATION Sequentially list conditions. DUE TO (6 if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONS that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AWAII ARLE PRICE TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 I Nun ng Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicid CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the 29d. DATE SIGNED (Month, Day, Year) BE

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Pandale

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32. REGISTRAR'S SIGNATURE guna Daydson



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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRA
	1. OECEDENT'S
	4. SOCIAL SECU
	9a. FACILITY NA
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DIRECTO	Delawa
_	10e. STREET AN
FUNERA	RD #
5	11. MARITAL STA
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<u> </u>	Elementary/S
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COM	17. FATHER'S NA
BE	Harry
2	19a. INFORMAN'I
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DE CERT	PARTMEN'	OF H	EALTH DEAT	AND ME	NTAL HYGI REG.			1404
	1. OECEDENT'S NAME (First, Middle, Last HARRY L	JONES, JR.		Ja	434		2.	DATE OF DEATH	71 1	947	3. TIME OF DEATH
œ	4. SOCIAL SECURITY NUMBER 221 - 42 - 226 9a. FACILITY NAME (If not institution, give	-226/ 100 M 2 D F 33 YRS. MONTHS DAYS HOURS WITH. July 31,1957 Milford, Dec							ford,Delawar Death		
RECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	(TY		c. CITY, TOWN	OR LOCA						10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER	ssex	1	Frankfo		f. ZIP CODE					1 TYES 2 NO
BY	RD # 2, Box 28] 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	8 2 X NO		If yes, sp		F HISPANIC (ORIGIN? (Specify uerto Rican, etc.	Yea or No-		E — American Indian, ck, White, etc.
BE COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12) 12th	DUCATION (de completed) College (1-4 or 5+)	(Give kir life. Do f	ent's usual of nd of work done NOT use retired.) Salest	during mo	ON ost of working	9	Auton	BUSINESS/IN	IDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Harry L. Jones,	Sr.	19h MA	ULING ADDRES	S /Street	Ire	ne R.	(First, Middle, Me Mitche • Number, City or	11		
5	Irene R. West	2	RD#	2, Box	28	1-B,		ford, I	elawa:	re 1	
	1 XBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FURE ALL SERVICE		Carey s	22 M	NAME A	nd ADDRES	neral	4/14 M Servic aware 1	es, Lt	oro.I	Oelaware
	23. PART I. Enter the disease of shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	. List only one ceuse on	eech line.	Do not ente	r the mo	ode of dyl				rrest,	Approximete interval Between Onset and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Consequent A Consequen	MSEQUENCE OFF								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
CAL	PART II. Other algnificent conditi	ons contributing to death	but not reau	iting in the u	nderlyin	g ceuse g	riven in Par	PE	S AN AUTOPSY FORMED? S 2 NO	24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 26e. DATE OF NJURY 26b. TIME OF 26c. INJURY AT 28							O YRULNI WO	CCURED	
ΒY	1 Netural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide detarmined	28e. PLACE OF INJUR	RY — At home,	INJURY M farm, street, fac	1 🗆	YES 2		Bt. LOCATION (SI City or Town, S		er or Rural	Route Number,
COMPLETED	Torroom only v	YSICIAN: To the best of my kno INER: On the besis of examinat									(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIF						9105		29d. DA	ATE SIGNE	D (Month, Day, Year)

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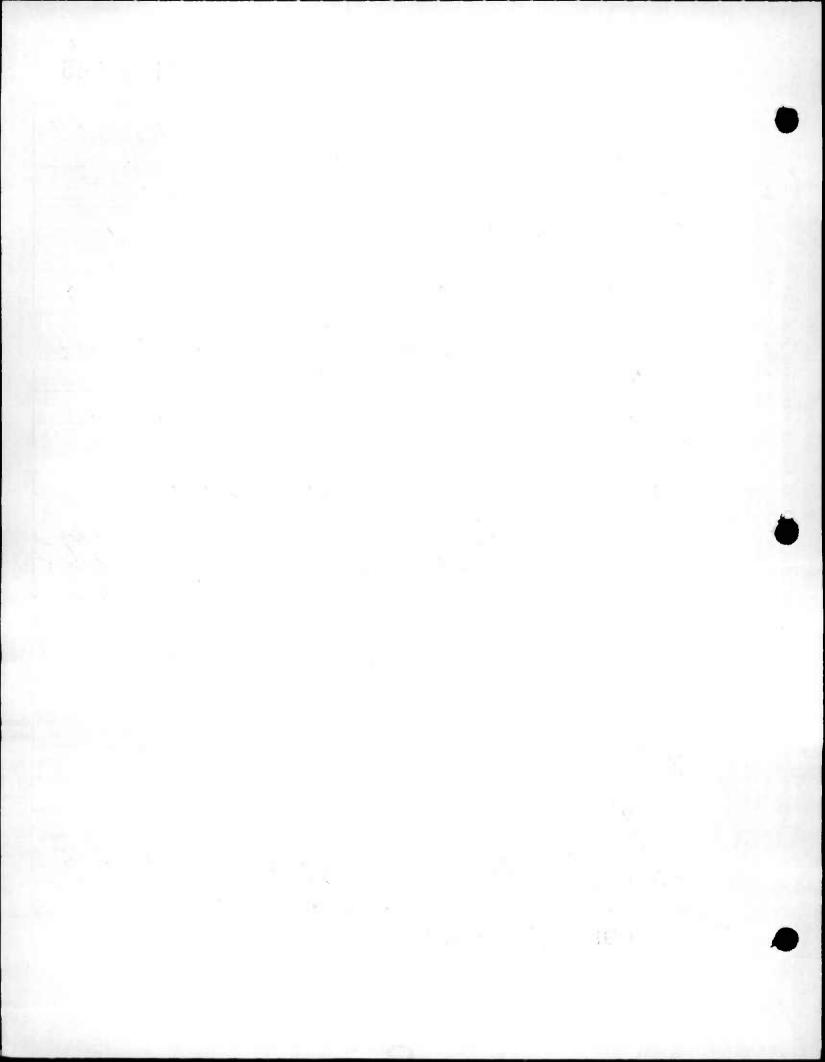
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

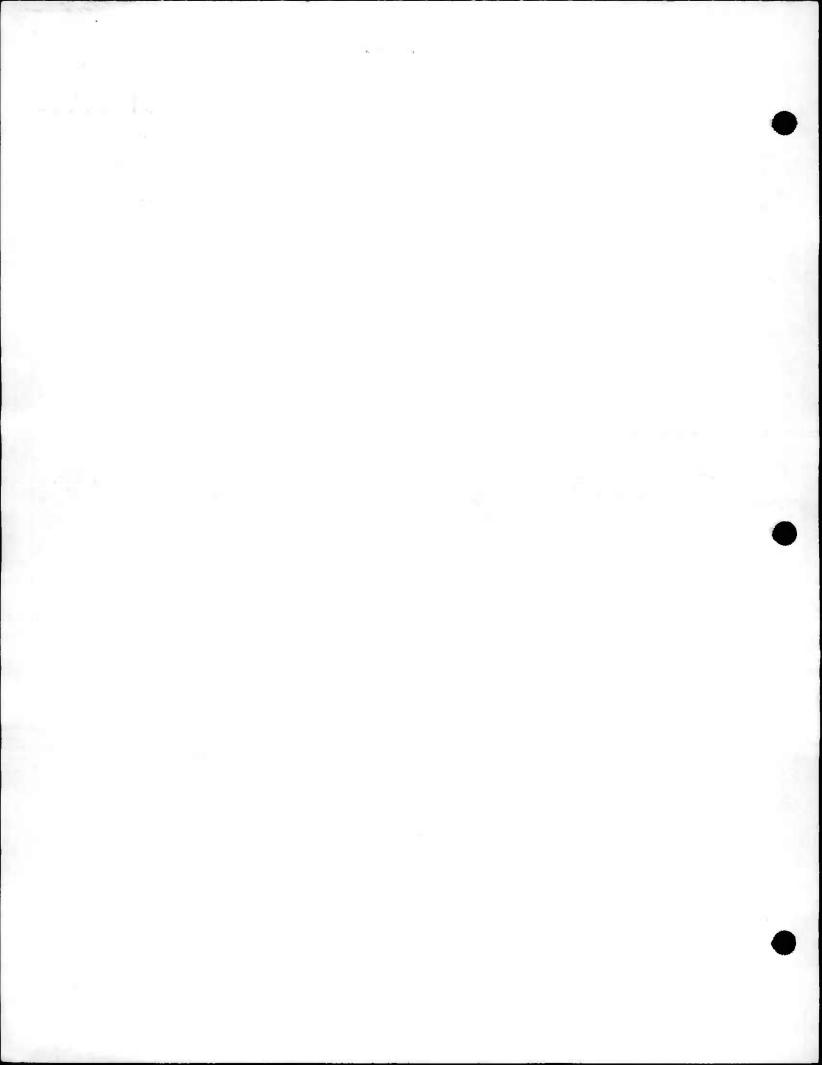
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

į	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	LSaac Jones	04-10 DAY - 9	1 0 20 PT M			
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
	166-12-8966 x M 2 F 83 YRS.	10-04-09	Md.			
-	9e. FACILITY NAME (if not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF D	EATH 9c. COU	/Somerset			
DINECION	Edw. McCready Memorial Hospital Crisfield		/ Somer sec			
ו נו	10e. STATE 10b. COUNTY 10c./CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?			
5	M.d. Jomerset Princess, and	ne	1 XYES 2 NO			
7	10s. STREET AND NUMBER 10f. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?			
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בַּ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPA 1 Never Merried 12. WAS DECENDENT OF HISPA 14. WAS DECENDENT OF HISPA 15. WAS DECENDENT OF HISPA 16. WAS DECENDENT OF HISPA 17. WAS DECENDENT OF HISPA 18. WAS DECENDENT OF HISPA 19. WAS DECE	NIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian, Black, White, etc.			
	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specific		Specify: RIV			
2	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/IND	NISTRY .			
-	(Specify only highest grade completed) (Give kind of work done during most of working life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+)	1 1 .	,			
7	HANCYMAN	1214-8	mployed			
COMPLE	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NA	ME (First, Middle, Maiden Surname)				
DE C	William Jones I Isai	DE// WA/ST	00			
5	199_INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural					
-			md 21853			
	26e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. METHOD OF DISPOSITION (Name of cometery, cremetory or other place)		City or Town, State 2/853			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FU	etercy / Kince	53, GAMENIC			
	TO ALLA A	Fooks Funera	al Home			
		alisbury, Md.	21801			
1	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, sur ahock, or heart fellure. Liet only one cause on each line.	th ee cardlec or respiratory sri	rest, Approximate Interval Between			
	IMMEDIATE CAUSE (Finel		Onset and Death			
-	disease or condition resulting in death)		Zdays			
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CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):					
-	resulting in death) LAST					
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
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) I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C	heck only one)				
7	EXAMINER? OTHER:					
HYSI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT		CURED			
	EXAMINER? 1	8 Other (Specify)	CURED			
D BY PHYSICIAN:	EXAMINER? 1	8 Other (Specify)				
à	EXAMINER? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURY OC 28f. LOCATION (Street and Number				
2	EXAMINER? 1	8 Other (Specify) 28d. DESCRIBE HOW INJURY OC 28f. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,			
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COMPLETED BY	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be determined 28e. DATE OF INJURY 28b. TIME OF INJURY 1 YORK? 28e. DATE OF INJURY 28b. TIME OF INJURY 1 YORK? 28e. DATE OF INJURY 28b. TIME OF INJURY 1 YORK? 28e. DATE OF INJURY 28b. TIME OF WORK? 28e. DATE OF INJURY 28b. TIME OF WORK? 28e. DATE OF INJURY 28b. TIME OF WORK? 28e. DATE OF INJURY 3 YORK? 28e. DAT	8 Other (Specify) 28d. DESCRIBE HOW INJURY OC 28f. LOCATION (Street and Number City or Town, State) e to the ceuse(e) end menner as at a time, date end place, end due to the course of the course of the ceuse of	r or Rural Route Number, ted.			
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🌣 wours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 28 is marked or Hem 23 shows now inher traumatic event, the medical examiner must be no
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		FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENI REG. NO.	E Q	1 111.06		
		DECEDENT'S NAME (First, Middle, Last)	olores Ruth	Jones			2. DATE OF DEATH DA				
			5. SEX 8. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11-16-1	6. E	BIRTHPLACE (State or Foreign Country)		
	OR	98. FACILITY NAME (If not institution, give stre Greater Laurel Be			_{вь. сіту, тожи оі} Laurel	LOCATION OF DEAT	ГН	9c. COUNTY	of DEATH e George		
4	DIRECTOR	10a. STATE 10b. COUNTY Haryland Prin	ce George		town or Locati	ON			10d. INSIDE CITY XXLIMITS? XY YES 2 \(\text{NO} \) NO		
- 1		100. STREET AND NUMBER 15027 Laurel Oaks				ZIP CODE 20707		-	OF WHAT COUNTRY?		
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVIII Married 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2/1/NO	If yes, spe	NDENT OF HISPANIC city Cuban, Maxican, 2, NO Specify:	ORIGIN? (Specify Yea Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: {		
	COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		16a, DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mos	N t of working	16b. KIND OF BUS	INESS/INDUST			
ej	MPL	12	0	Home Nur	sing Car		Sel-				
at onc		17. FATHER'S NAME (First, Middle, Leat) Flavey Willie				Cora Sa	E (First, Middle, Maiden	Surname)			
fled	H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING /	ADDRESS (Street an		ute Number, City or Town	n, State, Zip Coo	ie)		
e not	유	Jenny HcGathey		7110 S	tarhill	Court Co	lumbia, Ma	aryland	21046		
must b		201. TETHOD OF DISPOSITION 1 Derived 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State	PLACE OF DISPOSI other place) IVy Hill	TION (Name of cem Cemeter	etery, cremetory or		cation — city urel, !	or Town, State Maryland		
niner		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /		22. NAME AN	D ADDRESS OF FACI	LITY		Home, Inc.		
еха		(dallo	weader	,	7601 S	andy Spr	ing Rd. La	aurel.	HD 20707		
injury, or other traumatic event, the medical examiner must be notified at once.	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart fellure. Liet only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): A Schemic Carding year of the cardinal and the conditions, and the cardinal an										
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traum	CATIC	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
or other	CERTIFICATION	that Initiated events resulting in death) LAST d.									
	SAL SAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? The batter Mellitus 1 yes 2 PNO 1									
	: MEDI						1	I-NO	DF DEATH? 1 YES 2 NO		
ш 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Chec	k only one)				
or item	YSIC	1 TYES 2 NO	HOSPITAL: 1 Pinputlent 2 ER/Out	patient 3 DOA		5 🗆 Residence 6					
	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WO	IRY AT RK? ES 2 NO	26d. DEŞCRIBE HOW II	NJURY OCCUR	ED		
28 is	回	3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY building, etc. (Spe	' — At home, farm, at cify)	treet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,		
IMPORTANT: If Item	COMPLE	(Orlock Orly)	CIAN: To the best of my known: On the basia of axamination						suse(a) and manner as stated.		
PORTA	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME		29d. DATE SI	GNED (Month, Day, Year)		
E	2	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type,	Print)	D 277	23 Laur	im 1	·		
		Barry K. Lah (c.) 31. DATE FILED (Month, Day, Year)	M.D. 142	ATURE	LI Fark	Nry# 2	-5 Luur	~)	-,-,		
		APR 1 5 '91	John Davidson	Mondell.							



3. TIME OF DEATH

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BALTIMORE, MARYLAND 7203-3 ours after death. Page 6 may be retained by the hosp that the death certificate be executed within OR ATTENDING PHYSICIAN: The law requires t, of has be. Dept. c 23 sh certificate h item 6 this c marked, After death 69 DIRECTOR: / 28 HOSPITAL OR AT FUNERAL DIRECT within 72 hours a TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II

RECORDS, P.O. BOX 13146,

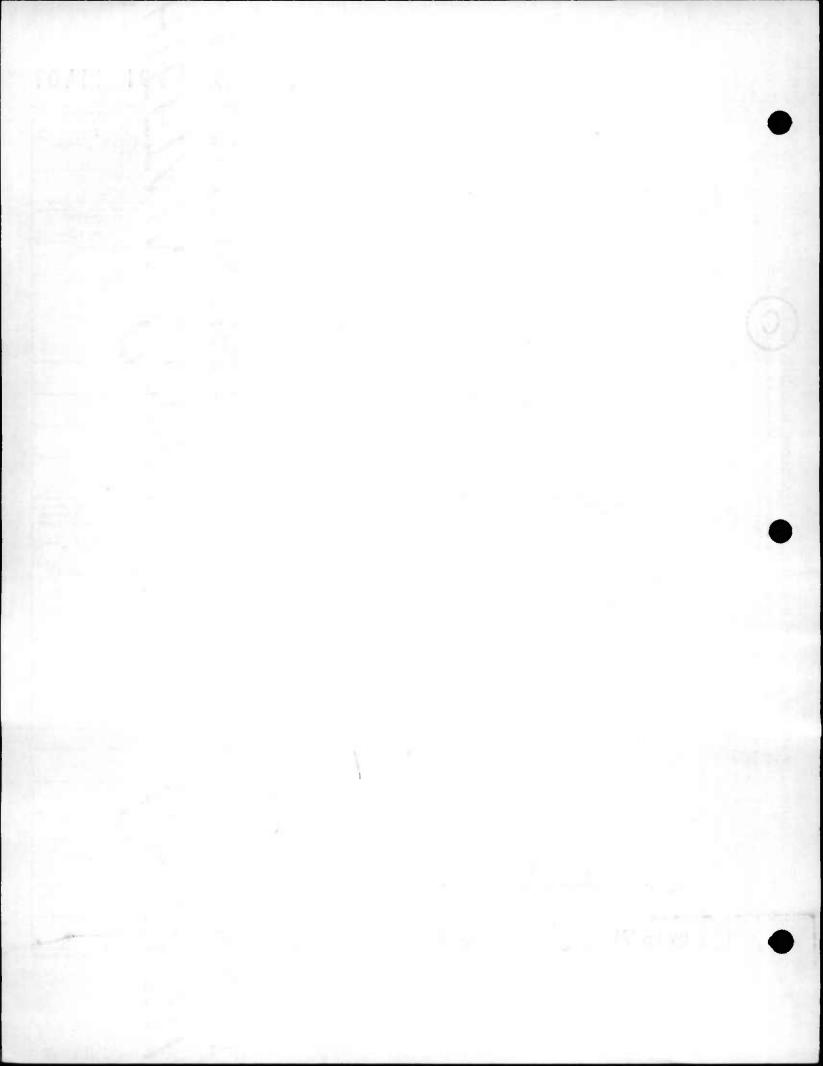
OF VITAL

DIVISION

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2. DATE OF DEATH MONTH Louise E. Krasauskas 91 04 1:00 4. SOCIAL BECURITY NUMBER & SEY 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 🗆 M 2 🖵 F YRS. 1910 219-48-1741 81 MARCH 18 VIRGINTA Se. FACILITY NAME (If not institution, also street and number) 9b. CITY. TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital Montgomery Olney 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 104 STREET AND NUMBER of, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3530 FISKE TERRACE 20906 USA 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Neverled IF YES, GIVE WAR OR DATES Specify: В 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) 8 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ALBERT CARRIE BEGGS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN W. KRASAUSKAS (HUSBAND) 3530 FISKE TERRACE, SILVER SPRING, MARYLAND 20906 20s. METHOD OF OISPOSITION

1 Souriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF OISPOSITION (Name of cometery, cremetory or 20c. LOCATION -- City or Town, Blate GATE OF HEAVEN CEMETERY SILVER SPRING. MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata Interval Betwe shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finel Onset and Death Corebral disease or condition_ vascular day resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Hypertensive CERTIFICATION Sequentially list conditions, THE TO JOB AS A CONSEQUENCE OF duense If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Atrial f. brilles in proumonic 1 YES 2 THO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 20s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Soccity) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 ECERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER
D 2879/ 29b. SIGNATURE AND SIFLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) B Loge 1- Chonaso 13 9 W) 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10401 Old George town Rd Coger BeThesda Leonard 20814 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '91 16 Julia Davidson Randall **APR**



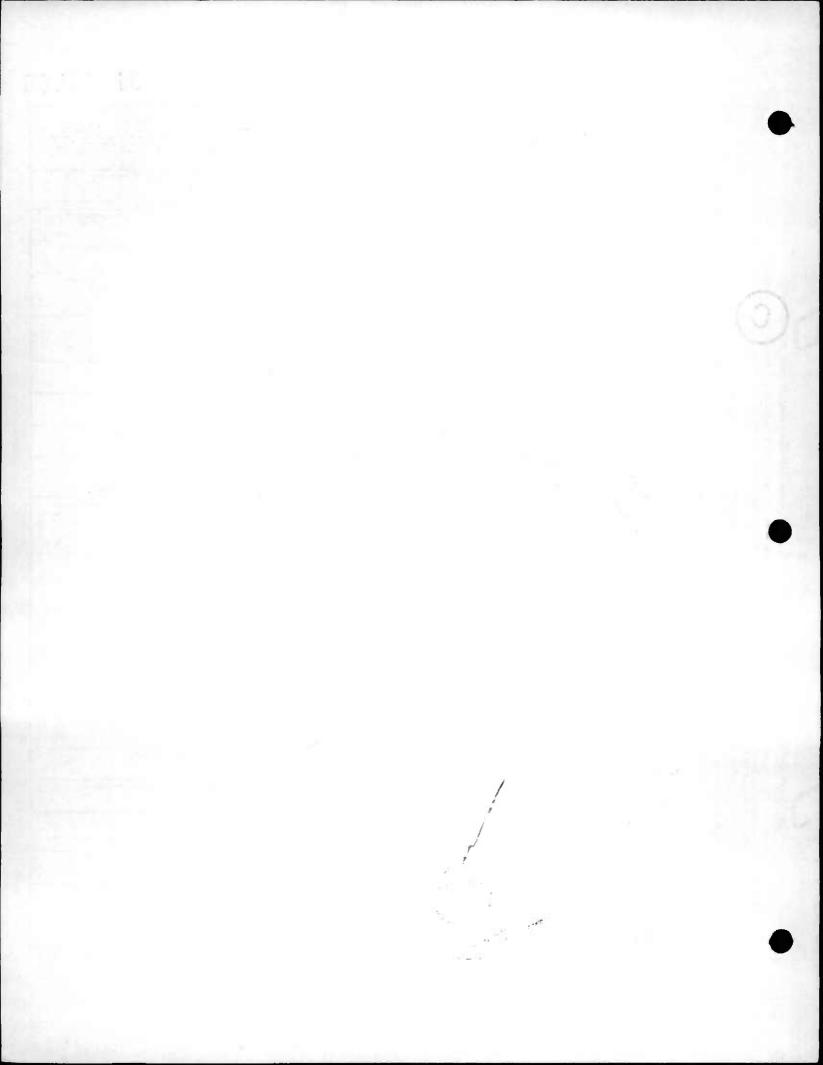
BALTIMORE, MARYLAND 219

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-Mours after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10e. STREET AND NUMBER 3609 Queen Mary Drive 10f. ZIP COOE 20832 10g. CITIZEN OF WHAT COUN USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No.—) 14. RACE — America	te or Foreign
454-58-4919 1 N 2 F 52 YRS. MONTHS DAYS HOURS MIN. MAN. MAN. MAN. MAN. MIN. MAN. MIN. MAN. MIN. MAN. MIN. MAN. MIN. MAN. MAN. MAN. MAN. MAN. MAN. MAN. MA	DE CITY
3609 Queen Mary Drive RESIDENCE OF DECEDENT 100. STATE Maryland 100. CITY, TOWN OR LOCATION Olney. 100. STREET AND NUMBER 3609 Queen Mary Drive 101. MARITAL STATUS 102. WAS DECEDENT FOR IN U.S. ARMED 103. USA 104. MORE ON INSIDENT ON INSI	E CITY
RESIDENCE OF DECEDENT 100. STATE Maryland 10b. COUNTY Montgomery 10c. CITY, TOWN OR LOCATION Olney. 10d. INSIGNING 10d. INSIGNING 10d. INSIGNING 10d. INSIGNING 10d. INSIGNING 10d. INSIGNING 11d. STREET AND NUMBER 3609 Queen Mary Drive 10f. ZIP COOE 20832 10g. CITIZEN OF WHAT COUN USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No	E CITY
10c. STATE Maryland Nontgomery 10c. CITY, TOWN OR LOCATION Oliney. 10d. NSIGNIMITY YES	DE CITY
3609 Queen Mary Drive 20832 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE — America	2 NO
	TRY?
1 Never Married 2 Married FDRCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puarto Rican, etc.) Black, White, atc	en Indian, c. 'es
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done guring most of working	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 1 - 12 (Give kind of work done during most of working like. Do NOT use rait of the little of	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)	
Mathias Gonzalez Anita Perez	
19a. INFORMANT'S NAME (Type/Print) Anna Marie Maldonado 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1901 S.60th. Court, Cicero, Illinois 6065	0
20s. METHOO OF DISPOSITION 1 Burlel 24 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), crematory or other pierport Lincoln Crematory Brentwood, Mary	land
21. SIGNATURE OF FUNERAL SERVICE LICENSÉE 22. NAME AND ADDRESS OF FACILITY HInes/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.	2006
disease or condition resulting in death) a. Metrs fati breat Carcar DUE TO (OR AS A CONSEQUENCE OF):	7 yr
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	
CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):	
	OPSY FINDING EPRIOR TO ION OF CAUSE
) DF DEATH	
26. WAS CASE REFERRED TO MEDICAL EXAMINER?	
1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home Residence 5 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Prestigation 26a. DATE OF INJURY (Month, Day, Year) 25b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED	
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number of Rural Route Numbe	97,
29a. CERTIFIER (Check only one) 29 AEDICAL EVAMINED. On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	ner as stated
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and many	
29b SIGNATURE AND TITLE OF CERTIFIER 29b SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER D 1 3 2 3 6 29d DATE SIGNED (Month, De	
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Da	ly, Ybar)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-10us after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M					EALTH DEAT		IENT/	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) ANN E	KNIGHT			·				2. DAT	E OF DEATH	1991	YEAR	3. TIME OF OEATH 5:25 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER			E OF BIRTH nth, Day, Year)	8	BIRTH Countr	PLACE (State or Foreign
	579-40-0579	1 □ M 2X F	57	YRS.	MONTHS	DAYS	HOURS	MIH.	JUN	VE 12,	1933	WA	SH. D.C.
	9e. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN C	R LOCATION	ON OF DEA	ATH		9c. COUNT		
DIRECTOR	12406 GEORGIA A	VE.			5	SILVI	ER SI	PRING	t E		MON	CGON	ÆRY
딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
Ĕ I		TGOMERY		1000			SPF	TNC					LIMITS?
	10e. STREET AND NUMBER	IGOMERI			SIL	_	ZIP CODE				10a. CITIZE	N OF W	/HAT COUNTRY?
FUNERAL		IA AVE.					209						.A.
N N	11. MARITAL STATUS		EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPANI	C ORIG	IN? (Specify Yea		4. RACE	- American Indian.
H	1 Never Merried 24 Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA		10				n, Mexican Specify:		o Ricen, etc.)		Spech	r, White, etc.
BY	3 Widowed 4 Divorced	ı					134	,,,,,,,				-	WHITE
	15. DECEDENT'S EDUC (Specify only highest grade		(Gi	we kind of	USUAL O		ON at of world!	20	-10	6b. KIND OF BUS	INESS/INDU	STRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	1770	Do NOT u		ecilii.							
MP	10			SILK	PR	ESS					EANE	RS_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									t, Middle, Malden	Sumame)		
H	CARL	ROYCE	T					BESS			BAKE		
2	19e. INFORMANT'S NAME (Type/Print)		198							imber, City or Towi	n, State, Zip C	(ode	
		ITH	20b. PLACE		ME	AS		EM :	#1.(F Parks
	20 METHOD OF DISPOSITION 143 Burlel 2 Cremation 3 Remo	oval from Stata	other ple	ece)						- 1	CATION — CI		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	PA	RKLA			METE	SS OF FAC	HITTY		-		E, MD.
	NOUNI AU	0. 11.	0							SIL	VER S	SPR	ING, MD.
	W.M. UM	UMBERG				200				5 CO.			20910
	23. PART I. Enter the diseases, or o shock, Dr heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METR	se Dn each line	ME	3-AI		•	ing, such	n as ce	erdiec Dr reapi	ratory arre	at,	Approximate Interval Batwaen Onset end Daeth
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	EOUENCE OF):									
2	PART II. Other significant condition	e contributing to	death but not r	esuiting	In the u	nderlyin	g cause	given in i	Part I.			24b	WERE AUTOPSY FINDINGS
DICAL									_	PERFOR	_		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ												1	1 TYES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				-	20 0	ACE DE F	DEATH (Che	nati anh	(000)			
S	EXAMINER?	HOSPITAL:	EDIO ALINI		OTHE	R:							
178	27, MANNER OF DEATH	1 Inpatient 2 I		28b. TIR			URY AT	esidence		ther (Specify)	NJURY OCCI	IRFD	
	1 Natural 5 Pending	(Month, De	ly, Year)	IN	JURY M	WC	YES 2	□NO					
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY — At ho	me, farm,	street, fed				28f. L	OCATION (Street o	end Number o	r Rural i	Route Number,
	4 Homicide 8 Could not be	building,	etc. (Specify)						С	ity or Town, State)			
	290. CERTIFIER . X	CIAN. To the best of				Maria data	No. of Contract		A - Ab -	liniary et a co			
COMPLETED	(Check only 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ax											e) end menner ee atated.
BE	296. SIGNATORE AND TITLE OF CERTIFIES	loth	2				29c. LIC	ENSE NUM	ABER 7		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITE	M 27) (Typ	e, Print)	1(4	1	20	. 3	0 1	17	- 1 -	h -
	31. DATE FILED (Month, Day, Year)		BIS SIGNATURE aurdson-A	الم الد	ac.	119-	, .,	7		UXX	H D	بحد (A, MD
	ΔPR 1 0 '91	guna D	autason-M	MAN	ing								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, vours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	wal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ithin 27 JOURS 2	etely filled in by	emation, or rem	nt, the medic
e be executed wi	sician and compl	rior to burnai, cri	traumatic ever
leath certificat	attending phy	ntal Hygiene p	ry, or other
ires that the c	signed by the	lealth and Me	es any inju
The law requ	ate has been	ate Dept. of h	em 23 shor
IG PHYSICIAN:	er this certific	ath with the Si	narked, or it
OR ATTENDIN	DIRECTOR: Aft	nours after des	tem 28 is n
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlar, cremation, or removal.	IMPORTANT: If I

SIAIL OF MARILA	CERTIFICATE	
	Michael	

1	FOR STATE REGISTRAR	TE OF MARY	LAND / DEPAI CERTIF	RTMENT (F HEALTH AND I	MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y	VEAR	TIME OF OEATH	
		Michael	KAUL			April 14,	19	91 1	1:10 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX	- 1457	(In yrs. lest birthday)	MONTHS C	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.60	Country)	CE (State or Foreign	
	212-98-2408 1 1 X 1 9e. FACILITY NAME (If not institution, give street and		2 YRS.	as offy T	OWN OR LOCATION OF DE	Dec. 1, 1		NEW NTY OF DEAT		
œ		number)				EAIH	-	hingto		
6	46 Water Street			I SM1	thsburg		was			
DIRECTOR	10m. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR	LOCATION				I. INSIDE CITY LIMITS?	
0	Maryland Washing	rton	S	mithsh	Urg		100 CITI	ZEN OF WHAT	YES 2 NO	
RA	46 Water Street				21783		"	·S.A.	COOMING	
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER	IN U.S. ARMED		S DECENDENT OF HISPAI				Americen Indien, hite, etc.	
BY FI		YES, GIVE WAR OR			es, specify Cuben, Mexica YES 2 NO Specif			Specify:		
			Tan proceedings			LAN MINIT OF BUIL	1		White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete		16a. DECEDENT' (Give kind of life. Do NOT	work done dur	IPATION ing most of working	16b. KIND OF BUS	SINESS/INL	DUSTRY		
2	Elementary/Secondary (0-12) Colle	ge (1-4 or 5+)	Т	aborer	_	Solar	Rese	earch	Company	
Š	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)			
BE C	Jack		Ka	ul	Linda			Web	ster	
10	19e. INFORMANT'S NAME (Type/Print)		1		Street and Number or Rural					
	Linda Young 200, METHOD OF DISPOSITION		Rd.		17 Dundee				Photo	
	1 Buriel 2 X Cremation 3 Removal from	m State	other place)	b. PLACE OF DISPOSITION (Name of cometer); cremetory or other place) mithsburg Crematorium			Smithsburg, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		JIIII CI ISDU		ME AND ADDRESS OF FA	ACILITY				
- 1	Douglas A. Fiery		1. NZ	4. 5.	-1 7				oro Pike	
	23. PART I. Enter the diseases, or compile				st Funeral		const Iratory en	oro,	Maryland Approximate	
	shock, or heart fallure. List or								Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	elf Infl	icted Gu	ed Gunshot Wound To Head				Immed.		
	resulting in death) e. 5			CONSEQUENCE OF):						
Z	Sequentially list conditions, b		A CONSEQUENCE OF):							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						į į	
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OUENCE OF):					!	
E	resulting in death) LAST									
	PART II. Other algnificant conditions cont	tributing to death	but not resulting	In the und	ertying cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
CAL		•		,		PERFO	RMED?	AN CC	MILABLE PRIOR TO OMPLETION OF CAUSE	
MEDI							ZA NO		F DEATH?	
2			-							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		Lasura	26. PLACE OF DEATH (C	heck only one)				
YSI	1 X YES 2 □ NO 1 □ 1	Inpatient 2 - ER/O			ng Home 5 🗆 Residence					
Hd		28e. DATE OF INJUR (Month, Day, Year) 1	NJURY	Sc. INJURY AT WORK?	Self inflict			round to	
BY	2 Accident Investigation	April 14, 260. PLACE OF INJU		10 PM	1 YES 2 NO	nead 28f. LOCATION (Street				
E	3 X Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify) Home	,,	,, 011100	Smithsburg	46		atersst.	
E	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my kn		erred at the tin	e, date and Disce, and do		-	-	21705	
COMPLET	(Check only one) 2 MEDICAL EXAMINER; On								nd manner ee stated,	
C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	UMBER	29d. DA	TE SIGNED (M	Ionth, Day, Year)	
00	Edwol Wa	Di He	e~ 8		DO 10	062	► A	pril	15, 1991	
7	30, NAME AND ADDRESS OF PERSON WHO COM									
	Edward W. Ditto, III					et, Hagerst	own,	Maryl	and 21740	
	31. DATE FILED (Month, Day, Year) APR 17 '91	32. REGISTRAR'S SI	a Davidson	Pandell	2					
	TAK T 1 O I	1		•						

	91-1979-039									
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMENT OF I	HEALTH AND DEATH	MENTA	L HYGIEN		1	1411
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	Н	KEE	LING		2. DATE MDNTI	OF DEATH	1991	AR	8:15
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. II	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	40		CE (State or Foreign
_	9a. FACILITY NAME (If not institution, give st	7		9b. CITY, TOWN	OR LOCATION OF D	EATH	1-16	9c. COUNTY	OF DEATH	55+
DIRECTOR	ROUTE 2# BOX 504			PRINCE		E		PRINC	ESS .	ANN
	10a. STATE 10b. COUNTY Sor	nerset	PR	INCES	s Ann	IE			10d	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER R4. 2 Box 50				2185.			10g. CITIZEN	OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, a	CENDENT OF HISPA Decity Cuben, Mexic 3 2 NO Speci	an, Puarto		a or No — 14.	RACE — / Black, Wh Specify:	imerican Indian, Ita, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (12)	completed)		LTC-TO-TO-TO-TO-TO-TO-TO-TO-TO-TO-TO-TO-TO-		168	ROW	BU Y	THY Dowl	tues
الس	17. FATHER'S NAME (First, Middle, Last)	KEELING			18. MOTHER'S N	AME (First,	Middle Majde	Sumame)		(
20 8	19a. INFORMANT'S NAME (Typo/Print)	JINES ?	RH 3	Box 565	and Number of Regal	ANN		wn, State, Zip Co	do) PSS	3
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State 20b. PLAC		ry or other place)	RMARE	DAT	E 20c. L	OCATION - City	NUS	siata md
	21. SIGNATURE OF UNERAL SERVICE LIC	Tooks		POBO	Sbury	Wes.	TRd. 218	Ext.		112
	23. PART i. Enter the diseases, prosphock, or heart failure.	complications that caused tha c List only one cause on each li		not antar tha m	ode of dyling, su	ch aa car	diac or rea	piratory arrest		Approximate interval Batween
i	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDUAC ARRHYT	-	OF):						Onset and Death
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL C	PART II. Other algolificant condition	ons contributing to death but not resulting in the underlying cause given in Part i.						N AUTOPSY DRMED? 2 NO	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
	1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home							RED	
тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm		YES 2 NO		CATION (Street or Town, State	t and Number or	Rural Route	Number,
COMPLETED	anal .	ICIAN: To the best of my knowledge, ER: On the basia of examination and/o								d manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NO			29d. DATE S		nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH		TFM 27) (Tvr	no Print)	1				_	. ,

DCME 1.

32. REGISTRAR'S SIGNATURE WRIGHT

111 N.PENN STREET BALTIMORE, MARYLAND 21201

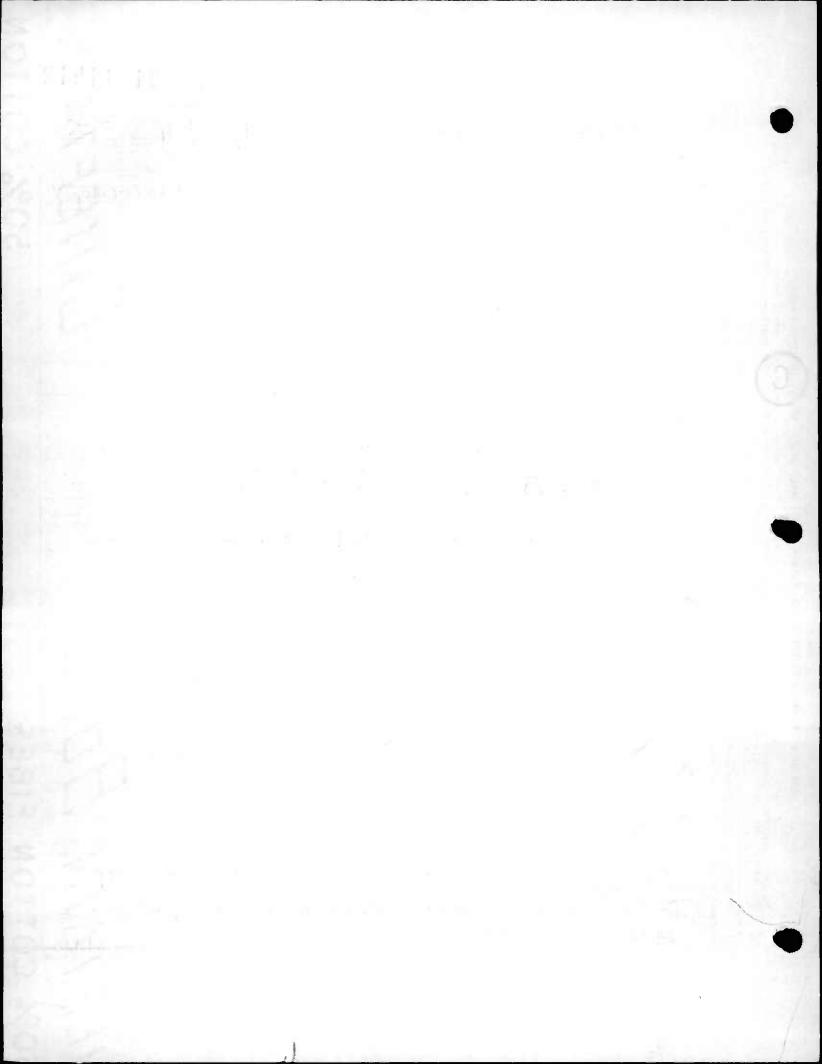
DONALD G. W. 31. DATE FILED (Month, Day, 6 '91 APR 1

Manda 22

DHMH-16 Rev 1/89 ASP

(BALTIMORE, MANYLAND 21203-3146	urs after death. Page 6 may be returned to the death or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be after this certificate has been signed by the attending physician prior to burial, cremation, or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after death. Page 6 may be retained 2 the law requires that the death certificate be executed within purs after death. Page 6 may be retained 2 the law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)		,	. 0	1.		2	DATE OF DEA	TH J		B. TIME OF DEATH
	SAMUEL				-IPKIN			MONTH DAY 9 YEAR 5 400			5 40 PM	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las	7.	IF UNDER 1 YEAR IF UNDER 24 HRS. 7.			DATE OF BIRT	н. /		LACE (State or Foreign
	578-30-9078		1X M 2 F	95	YRS.	IONTHS DAY	B HOURS	MIN.	(Month, Day, Y		Wash	nington, D.
1	9a, FACILITY NAME (If not in						N OR LOCATI			9c. COL	NTY OF DEA	ATH
E I	Hebrew Home	of Gr	eater Wa	shington	1	Rockv	ille			M	ONTO	GOMERY
DIRECTOR	RESIDENCE OF DEC						_					
H	Maryland	Monto	omery			TOWN OR LO						IOd. INSIDE CITY LIMITS?
		Monte	omery		Roci	CATITE						YES 2 NO
₹ I	100. STREET AND NUMBER 6121 Montro	co Pd					101. ZIP COO 2085				ted St	IAT COUNTRY?
FUNERAL	11. MARITAL STATUS	se ku.										
F	11. MARITAL STATUS 1	Married	FORCES? 1	T EVER IN U.S. AR	MED (O	if yes	, specify Cuba	ın, Maxican, I	ORIGIN? (Spec Puerto Rican, at		Black,	– American Indian, White, atc.
BY	3 Widowed 4 Divo		WW I & V			1 🗆	YES 2 X NO	Specify:			Specify:	White
		EDENT'S EDU	CATION	16a, DE	CEDENT'S U	SUAL OCCUP	ATION		18b. KIND (OF BUSINESS/IN	DUSTRY	
COMPLETED	(Specify only Elementary/Secondary (0	/ highest grade	College (1-4 or 5	(G life	lve kind of wo Do NOT use	rk done during retired.)	most of worki	ng				
립	4	,		Sa Sa	alesma	an			Souv	enir Sl	nop	
S S	17. FATHER'S NAME (First, M	iddle, Last)				-	18. MOT	HER'S NAME	(First, Middle, A	faiden Sumame)		
BEC	Louis Lipk	in					Rac	chel		(Unknow	wn)	
10 8	19a. INFORMANT'S NAME (7)		-							or Town, State, Z		
۲	Lois Kessle	r	_	74	401 We	estlak	e Teri	cace #	202, B	ethesda	a, MD.	. 20817
i	20a. METHOD OF DISPOSITI		oval from Stata	20b. PLACE other p	OF DISPOSI	TION (Name o	cemetery, crer	natory or		Oc. LOCATION -		
	4 Donation 5 Dotter	(Specify)	- 00	Fort	incol							Maryland
	21. SIGNATURE OF FUNITION	LEERVICE LIC	DISEE	4		Danz	ansky-	Golde	erg Me	morial	Chape	els, Inc.
	/-	Jane	1 h	Ju	u							D. 20852
	23. PART I. Enter the d	leeeses, D	pmplicetions the	t codeed the de	eth. Do no	t enter the	mode of dy	ing, auch a	ne cerdlec pr	reepiretory as	reet,	Approximate
	shock, or h IMMEDIATE CAUSE (Fir		Clet Dnly Dne ce	use on each line								Interval Between Onset and Death
	diseese or condition	-	H	AIRY	(1	FIL	-11	UKI	EMIA			MANYURS
- 1	resulting in death)	•	DUE TO	(OR AS A COUSE	DUENCE OF	:		011(-1-1111			1//3
z			b.									
CERTIFICATION	Sequentially list condit if any, leeding to imme		DUE TO	(OR AS A CONSE	QUENCE OF)	:						
2	CAUSE (Disease or Inju		с			~						
	that initieted eventa reculting in deeth) LAS		DUE TO	(OR AS A CONSE	QUENCE OF)	:						
5			d									
	PART II. Other eignifice	nt condition	e contributing to	death but not	resulting in	the under	ying ceuse	given in Pa	ert I. 24a. W	AS AN AUTOPSY		WERE AUTOPSY FINDINGS
MEDICAL				_						ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	7		OF DEATH?
									-			
¥	25. WAS CASE REFERRED T	O MEDICAL				2	B. PLACE OF E	DEATH (Check	only one)			
Sic	EXAMINER?		HOSPITAL: 1 Inpetient 2	ER/Outpatient 3		OTHER:	Home 5 🗆 R	esidence 8	Other (Speci	(v)		
PHYSICIAN:	27. MANNER OF DEATH	14.7/	28s. DATE Of (Month, I		28b. TIME		INJURY AT WORK?	2	6d. DESCRIBE	HOW INJURY O	CCURED	
ВУ	1 Netural 5 2 Accident	Pending Investigation	(moran,	ray, rawy			YES 2	□ NO				
	3 Suicide 8	Could not be	28e. PLACE (OF INJURY - At he atc. (Specify)	ome, farm, st	reet, factory,	office	2	8f. LOCATION (Street and Number	or Aural Ro	ute Number,
E	4 Homicide	determined		, (-,,)					only on home	, 0.0.0)		
			ICIAN: To the heet o	l my knowledge, d	eth occurred	f at the time,	data and place	, and due to	the cause(s) a	nd manner as at	eted.	
2	29a. CERTIFIER CERT	TIFYING PHYS	Olbiti. To the best o			Gran Carrier			no deta end el			
OMPLE	(Check only			xamination and/or	Investigation	, in my opinie	in, death occu	red at the tir	ue' carre auc bu	eca, and due to	the cause(a)	and manner as stated.
COMPLETED	(Check only	ICAL EXAMINE	R: On the basis of	- 0.		, in my opinie		ENSE NUMB				and manner as stated. Month, Day, Year)
띪	(Check only one) 2 MEO	ICAL EXAMINE	R: On the basis of	- 0.	Investigation	, in my opinic						
w l	(Check only one) 2 MEO	OF CERTIFIE	R: On the basis of	E PHYS	ILIAV)						
띪	(Check only one) 2 MEO	OF CERTIFIE	R: On the basis of a	E PHYS	N 27) (Type,	Print)	29c. LIC					
BE	(Check only one) 2 MEO	OF CERTIFIE	R STAF	E PHYS	N 27) (Type,)	29c. LIC					



TO BE COMPLETED BY FUNERAL DIRECTOR

nding physician. 15-0020

BALTIMORE, MARYI

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

					91	11413
1 - FOR STATE OF N	MARYLAND / DEPART CERTIFIC	MENT OF H		MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, Lest) Marie Lieb	erman			2. DATE OF DEATH DATE OF	w \$57	3. TIME OF DEATH 7 / M
4. SOCIAL SECURITY NUMBER 579 - 34 - 3/53 1 □ M 2 1 F		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 - 17 - 0	Count	hPLACE (State or Foreign try) Sh., D.C.
9a. FACILITY NAME (If not institution, give street and number) Holy Cross Hospi RESIDENCE OF DECEDENT	1 1	5: IVe	SPI		9c. COUNTY OF	
10a. STATE M. D. 10b. COUNTY M. D. 1't 9 CV		heat				10d. INSIDE CITY LIMITS? 1 VES 2 NO
100. STREET AND NUMBER IIII Univ. Blvd W.	#515	101.	ZIP CODE 2090	クマ	10g. CITIZEN OF	
	T EVER IN U.S. ARMED YES 2 NO MAR OR DATES	If yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)		E — American Indian, ok, White, etc. Diffy: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Housewife	ork done during mos retired.)	N at of working	16b. KIND OF BUS	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Mose Pach			18. MOTHER'S NAM	ME (First, Middle, Meiden Garner	Surname)	
19a. INFORMANT'S NAME (Type/Print) Bernard Lieberman (son)		*		Noute Number, City or Tow		MD. 20906
20s, METHOD OF DISPOSITION YES Buriel 2 Cremetton 3 Removal from State 4 Donation 5 Qifter (Specify)	20b. PLACE AND DATE OF COMME			1. 71	elphi, MI	
Jary M.	Luce	Danzan 1170 R	ockville	berg Memor Pike, Roc	rial Chap ckville,	Dels, Inc. MD. 20852
23. PART I. Enter the disesses, or complications the shock, or heart failure. List only one cau immediate CAUSE (Final disesse or condition resulting in death)	t caused the deeth. Do not use on each line.	ot enter the mod	de of dylng, such	n se cardiac or resp	iratory arrest,	Approximate Interval Between Onset and Death
Sequentially list conditions b. COM	(OR AS A CONSEQUENCE OF)	EN	EDRT	FAIL	UKE-	IWEEK

if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART ti. Other significant conditions

							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF QEATH (Check only one)						
EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1 ☑ Inpatient 2 □ ER/Outpatient 3	DOA	OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIA	AE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCR	IBE HOW INJURY OCCUR	ED

3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

) ^			
296. SIGNATURE AND TITLE OF CERTIFIER	all.	1111	29c, LICENSE NUMBER	29d. DATE SIGNED (Mg/fith, Day, Year)

0) 0

Year) 31. DATE FILED (Month, Day, Y APR 10

32. REGISTRAR'S SIGNATURE Fulia Davidson Plandolle

BALTIMORE, MARYLAND 21203-3146 ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE HOSPITAL OR A
TO THE FUNERAL DIREC
be filed within 72 hours
IMPORTANT: If Item

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	2		
,	RECTOR: After this certificate has been signed by the attending physician and completely filled livey the time functor, page 5 should be detached to		000
	9		-
	d b		2
	hou		9
	5 5		2
	page		Per
	irector,		m 28 is marked or list 23 shows any injury or other traumatic event the maintenant must be notified at once
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	REC	22	

1 4 4 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Milton Lustbader April 1991 a M 6. 6:15 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 1-22-16 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. New Jersey 144-16-2345A 15 M 2 | F 75 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital 01nev Montgomery 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 X YES 2 NO 10e STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15211 Elkridge Way 20906 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Rican, atc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marrie 7-23-42 thru 1-1-46 B₹ 3 Widowed 4 Divorced White ETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EOUCATION 18b. KINO OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 8+) COMPL 4 Pharmacist Drug Store 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname, Louis Lustbader Fannie H. Cohen **BE** 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Adele Lustbader 15211 Elkridge Way, Silver Spring, MD. 20906 20s. METHOD OF DISPOSITION
1 Durisi 2 To Gremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or Subtifiban Crematory 20c. LOCATION - City or Town, State
Silver Spring, Maryland FUNERAL SERVICE LICENSES 22, NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. 1170 Rockville Pike, Rockville, MD. 23. PART Is Enter the diseases, or complications that caused the decades, or heart ellure. List only one cause on each line. s, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate Interval Betw IMMEDIATE CAUSE (Fine) **Onset and Death** diseese or condition resulting in death) loslave geor DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 (Limpatiant 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO B 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ED 4 Homicide COMPLET 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. restigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H 08

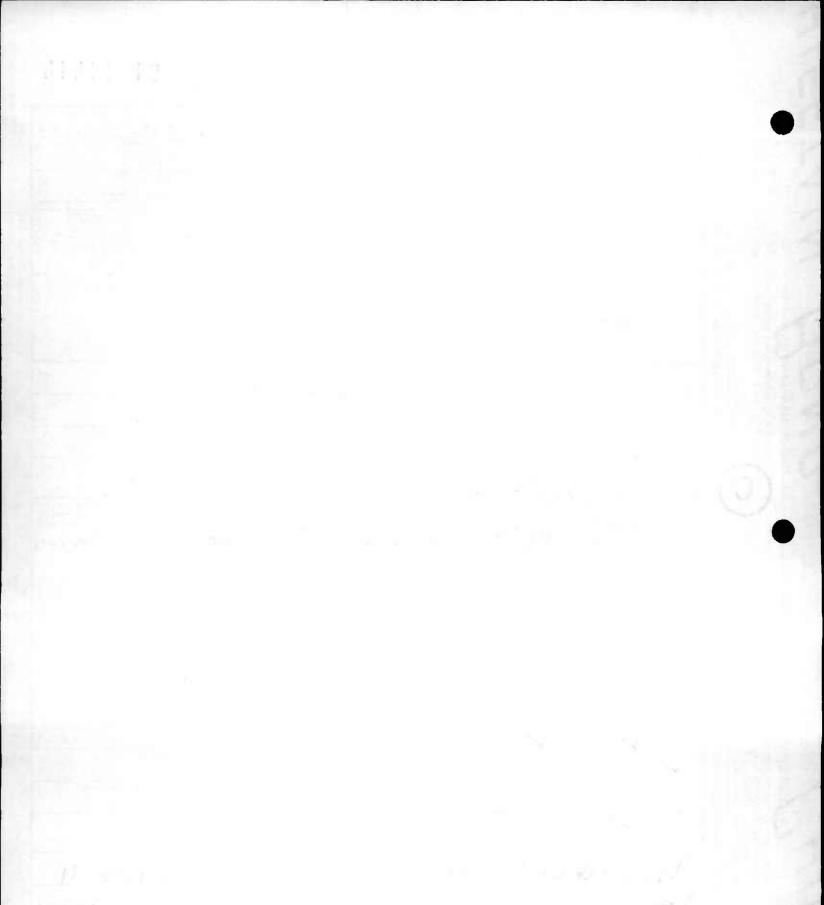
> NEMGO 32. REGISTRAR'S SIGNATURE ina Savidson Randelle

91

FILEO (Month, Day,

APR 10

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 - YES 2 X NO

Approximate interval Between Onset end Deeth Immed.

24b. WERE AUTOPSY FINDINGS

14. RACE — American Indian, Black, White, etc.

8. BIRTHPLACE (State or Foreign West Virginia

P

FOR

DIRECTOR

FUNERAL

BY

BE COMPLETED

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must be notified at once.

examiner

the medical

item 23 shows any injury, or other traumatic event,

marked, or

CERTIFICATION

PHYSICIAN: MEDICAL

ВҰ

ETED.

COMPL

BE

2

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or injury

thet initiated events racuiting in death) LAST

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 70 THE HOSPITAL UNITED TO THE FUNERAL DIRECTOR: Aff be filed within 72 hours after de

	1 - STATE REGISTRAR	OINIE OI		CERT	IFICA	TE OI	F DEA	TH	R	EG. NO			
	1. DECEDENT'S NAME (First, Middle	, Last)							2. DATE OF I	DEATH D		YEAR	3. TIME OF DEA
ì	Bre	ent Euge	ne	LONG	ERBE.	AN			April		7.	1991	3:44
į	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	n yrs. last birthda	"	NDER 1 YEAR		R 24 HRS.	7. DATE OF E	нятн		8. BIRTI	PLACE (State or I
	212-17-3678	1 XXW 2 □ F	12	YRS	S. MONT	HS DAYS	HOURS	MIN.	March		979		 t Virai
	9e. FACILITY NAME (If not institution	n, give street and number)			9b. (CITY, TOWN	OR LOCAT	ION OF D				UNTY OF	
	Washington Co	unty Hospit	al			lager	stown				W.	ashir	gton
1	RESIDENCE OF DECEDE	NT									1		
ļ		COUNTY		10c.		VN OR LOC							10d. INSIDE CIT LIMITS?
Ì	Maryland Wa	shington			Knox	<u>(vill</u>	e						1 TYES 2 X
	10e. STREET AND NUMBER					1	IOI. ZIP COD	Œ			10g. CI	TIZEN OF	WHAT COUNTRY?
į	18826 Sandy H	look Road					2175	8				U	SA
ŀ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN		\neg				NIC ORIGIN? (S		or No-	14. RACI	E — American Inc
ł	1 X Never Merried 2 Merrie 3 Widowed 4 Divorced	IF YES, GIVE V					ES 2 X NO			1, 610.)		Spec	tty:
۱					<u>, l</u>							I W	hite
1	15. DECEOENT (Specify only higher	'S EOUCATION st grade completed)		16a. OECEOEN (Give kind	of work d	one during i	TION most of work	ing	16b, KIN	D OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NO		9a.)							
	6		<u></u>	Stud	<u>lent</u>					Scho			
	17. FATHER'S NAME (First, Middle, L	1.15							AME (First, Middl				
	Eddie Eugene	Longerbeam						<u>Patr</u>	ricia D	<u>i ane</u>	Col	e	
I	19e. INFORMANT'S NAME (Type/Prin	nt)		19b. MAIL	JNG ADD	RESS (Stree	t and Numbe	er or Rural	Route Number, (City or Tow	n, State, 2	(ip Code)	
ŀ	Eddie E. Long	erbeam		188	326 5	Sandy	Hook	Roa	id - Kn	oxvi	lle.	MD	21758
ı	20e. METHOD OF DISPOSITION	Removal from State	20b.	PLACE OF OIS	POSITION	(Name of	cemetery, cre	matory or		20c. LO	CATION -	- City or To	own, State
	4 Donation 5 1 Other (Specif	» Entombment	_ F	airvie	w Lu	thera	in Cen	nete	rv	Во	oliva	ar. W	V
	1-21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE				22. NAME	AND ADDR	ESS OF F	ACILITY				
1	· Dr. list to	1							cer Fur			iie	
4	an Part L Franch disease	, som	$\widehat{}$	4 4 4 6					y, WV 2				1 4
	23. PART i. Enter the disease ehock, or heert fo IMMEDIATE CAUSE (Final	es, or complications the	use on ea	the deeth. Dech iine.	o not e	nter the n	node of dy	ying, su	ch as cardiac	or resp	iratory a	rrest,	Approxidinterval Onset el
1	disease or condition	Major	head	and ch	est	trau	ma						Imme
	resulting in deeth)	4.		CONSEQUENC		CLUU							Timile

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? Rt. 840 East of HOSPITAL: OTHER:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6X Other (Specify) 28e. DATE OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 X Accident 1991 3:44p M April 5 Pending 1 YES 2 X NO Lost control of Vehicle 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number of Rural Route Number, City or Town, State) Rt. 340 East of Rt. 67, Sandy Hook, Maryland 3 Sulcide 6 Could not be ling, etc. (Specify) 340 East 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated.

of Rt. 67

2 📉 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	
1. 1. 1/102-	Hollies
(away we	UIMUE C

29c. LICENSE NUMBER DO1062

29d. DATE SIGNEO (Month, Day, Year) April 8, 1991

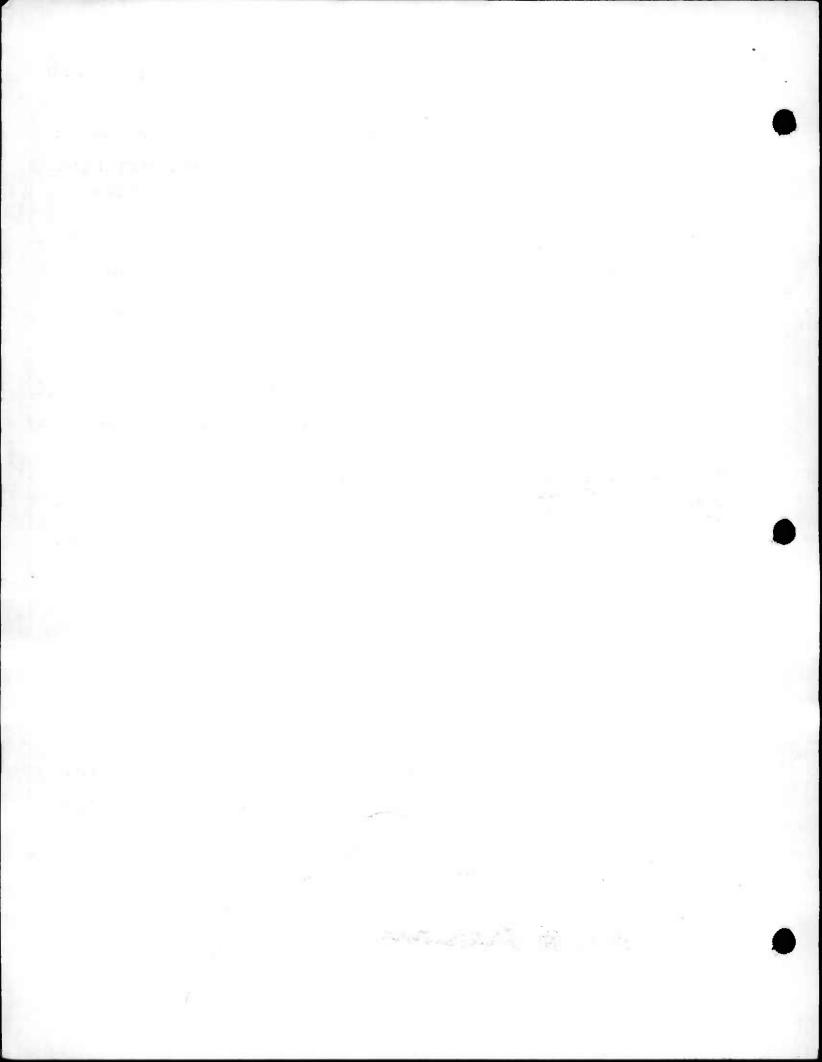
24a. WAS AN AUTOPSY PERFORMEO?

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Edward W. Ditto, III, M.D., 217 West Washington Street, Hagerstown, Maryland 21740

32. REGISTRAR'S SIGNATURE Mindelle Lukie Devidson

determined



								9	1	410
	FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AND		YGIEN EG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		-		TIME OF DEATH
	John	Robert L	ITTLE			April	14.		YEAR	3:00 PM M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birth	nder/ IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF B				ACE (State or Foreign
	097-01-0040				DAYS HOURS MIN.	(Month, Day Aug. 1	(Year)		Mary	land
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN								TN	
TOR	513 Carrollton	Drive Frederick					Frederick			
입	10a. STATE 10b. COUNTY		10	c. CITY, TOWN OR	LOCATION			_	1	Od. INSIDE CITY
FUNERAL DIRECTOR		erick		Frederi						YES 2 NO
4	10e. STREET AND NUMBER				101. ZIP CODE					AT COUNTRY?
6	513 Carrollton	Drive			21701			U.	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. W	AS DECENDENT OF HISPA			or No-	14. RACE -	- American Indien, White, atc.
ED BY	1 Never Merried 2 Merried	FORCES? 1 Y			yes, specify Cuben, Mexico YES MY NO Specific No.		i, etc.)		Specify:	
	15. DECEDENT'S EDUC	CATION	16a. DECED	ENT'S USUAL OC	CUPATION	16b, KIN	D OF BUS	I SINESS/IND		
E	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use ratified.) Elementary/Secondary (0-12) College (1-4 or 5 +)									
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 2 Manager					Н	te1	& Co	untry	Club
ő	17. FATHER'S NAME (First, Middle, Lest)	5.00			16. MOTHER'S N	AME (First, Middle	e, Meiden	Sumeme)		•
BE C	John Edward	Little			Ha	ttie I	Bard			
	19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRESS	Street and Number or Rural	Route Number, C	alty or Tow	n, State, Zip	Code)	
2	Mrs. Joanne E. Fe	1ton	1.	494 West	t 9th Stree	t, Fred	eri	ck, N	id. 21	1702
	20 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo			DISPOSITION (Norr	e of cemetery, crematory or		20c. LO	CATION —	City or Town	n, State
	1/MBuriel 2 ☐ Cremation 3 ☐ Remo	oval from State	Moun	t Olive	Cemetery		Fr	ederi	ck.	laryland
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	1		AME AND ADDRESS OF F	ACILITY				
	Richail	Mich			Keeney and					
	- Macreage	WAN	M002.		6 East Chu					Md. 21701
	23. PART I. Enter the diseases, or cahock, or heart feliure.			. Do not anter t	he mode of dying, su	ch aa cerdlac	or reap	iratory ar	rest,	Approximeta Interval Batwean
	IMMEDIATE CAUSE (Final		n - "	1.0	V/					Onset and Death
	disease or condition resulting in death)	. Clard	leec	PVZe	50			- 2		
		DUE TO (OR)	AS A CONSEQUE	NCE OF	tie Card	× 1/2	1	. ()	100	Much
Z	Sequentially list conditions,	6. A7:60	MO S	core	tie Was	10-10+	euly	4 14	Kase	Wers
CERTIFICATION	If any, leading to immediate	DUE TO (OR A	AS A CONSEQUE	NCE OF):						
3	CAUSE (Disease or Injury									
트	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								1	
E	reaulting in death) LAST	d								-
O	PART II. Other algnificant condition	a contribution to des	th but not resu	iting in the unc	teriving cause given is	n Part I. 24	. WAS AR	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
N.	(0)	Levonia	MA	ONA	onlying occoor given in		PERFO		1 4	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICA		20000000				1	YE\$	2 NO		OF DEATH?
M										1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	26. PLACE OF DEATH (C	Check only one)				
PHYSICIAN:	1 TES 2 NO	1 Inpatient 2 ER/	/Outpatient 3 🗌	DOA 4 Nurs	Ing Nome 5 Residence	6 Other (S	pecify)			
Ě	27. MANNER OF DEATH	28a. DATE OF INJL (Month, Day, Ye		Bb. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCR	BE HOW	INJURY O	CURED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(М	1 YES 2 NO					
D B	3 Suicide 6 Could not be	28e. PLACE OF IN-		farm, street, facto	ry, office				or Rural Ro	ute Number,
ш	4 Nomicide determined	building, etc.	(chacult)			City or A	own, State	,		
Ш	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the heat of my	knowledge death	occurred at the th	me, date and place, and de	us to the course	a) and m	nner es et	sted.	
COMPLET	(Check only				pinion, death occured at the					and manner as stated
8				J,, o	- 15		,,			
BE	296, SIGNATURE AND TITLE OF CERTIFIE	1 Trong	10 0		29c LICENSE N	UMBER L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		29d. DA	IE SIGNED	Month, Day, Year)
2	1 xruon	COMP.	TO DE ATIV	B (See Print)	10131	0-/		1 - 4	71101	71
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE O	T DEATH ITHING I	TI (IVDB, PYIN)						

ND 228 North Market

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (17 thm 17) (Type, Print)

Bernard

Dr.

31. DATE FILED (Morith, Day, Year)

APR 1 6 1991

O. Thomas, Jr.,

THE VIEW RES ę w ę

1	•	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) 7. SEX 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 8. AGE (in yrs. lest birthdey) 9. FUNDER 1 YEAR 8. AGE (in yrs. lest birthdey) 9. AATB HOURS MIN. 1. MONTH 9. DATE OF BIRTH 1. (Month, Day, Year) 1. MONTH 9. ABT 1. MONTH 9. DATE OF BIRTH 1. (Month, Day, Year) 1. MONTH 9. ABT 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. ABT 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. DATE OF BIRTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. MONTH 9. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. DATE OF BIRTH 1. MONTH 1. MONTH 1.	INSIDE CITY LIMITS? YES 2 X NO								
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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) 1	E (Stete or Foreign								
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90. FACILITY NAME (if not institution, give street end number) Pec. COUNTY OF DEATH Have de Grace RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Have de Grace 100. CITY, TOWN OR LOCATION Have de Grace 100. STATE 100. STATE 100. CITY, TOWN OR LOCATION Have de Grace 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT OR LOCATION 103. STREET AND NUMBER 104. STREET AND NUMBER 105. STREET AND NUMBER 106. CITY, TOWN OR LOCATION 107. CITY, TOWN OR LOCATION 108. STATE 109. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. STATE 100. STATE 100. STATE 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY, TOWN OR LOCATION OF OEATH 100. CITY OF OEATH 100.	INSIDE CITY LIMITS? YES 2 X NO								
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1 Never Merried 2 Merried PORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, Whit									
IF YES GIVE WAR OR DATES 1 VES 2 STAND Specific	mericen Indien,								
	Vhite								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY									
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)									
12th Homemaker									
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme)									
Edwin H. Harkins Ellen Mahan									
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Mr. Gerald J. Larner 3401 Old Level Road, Havre de Grace, M									
20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place) 20c. LOCATION City or Town, State	tate								
4 Donation 5 Other (Specify) Mt. Erin Cemetery 4/17 Havre de Grace, MD									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
Mitchell-Smith Funeral Home, P.A.									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory street, Approximate									
ehock, or heart failure. List only one cause on esch line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):	interval Between Onset and Death								
Sequentially, liet and distance of b.									
If any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Disease or injury C.									
that initiated events resulting in death) LAST									
resulting in death) LAST									
PART II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part i 24e WAS AN AUTODEY									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERI	E AUTOPSY FINDINGS								
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANALY	LABLE PRIOR TO								
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PERFORMED? AMAIL 1 YES 2 NO OF D	LABLE PRIOR TO IPLETION OF CAUSE								
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PERFORMED? 1 YES 2 NO OF D 1 See PLACE OF DEATH (Check only one)	LABLE PRIOR TO IPLETION OF CAUSE DEATH?								
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TO BE COMPLETED BY FUNERAL DIRECTOR

146,	
× 13	
P.O. BOX 13146,	
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VITAL	
0	
DIVISION	

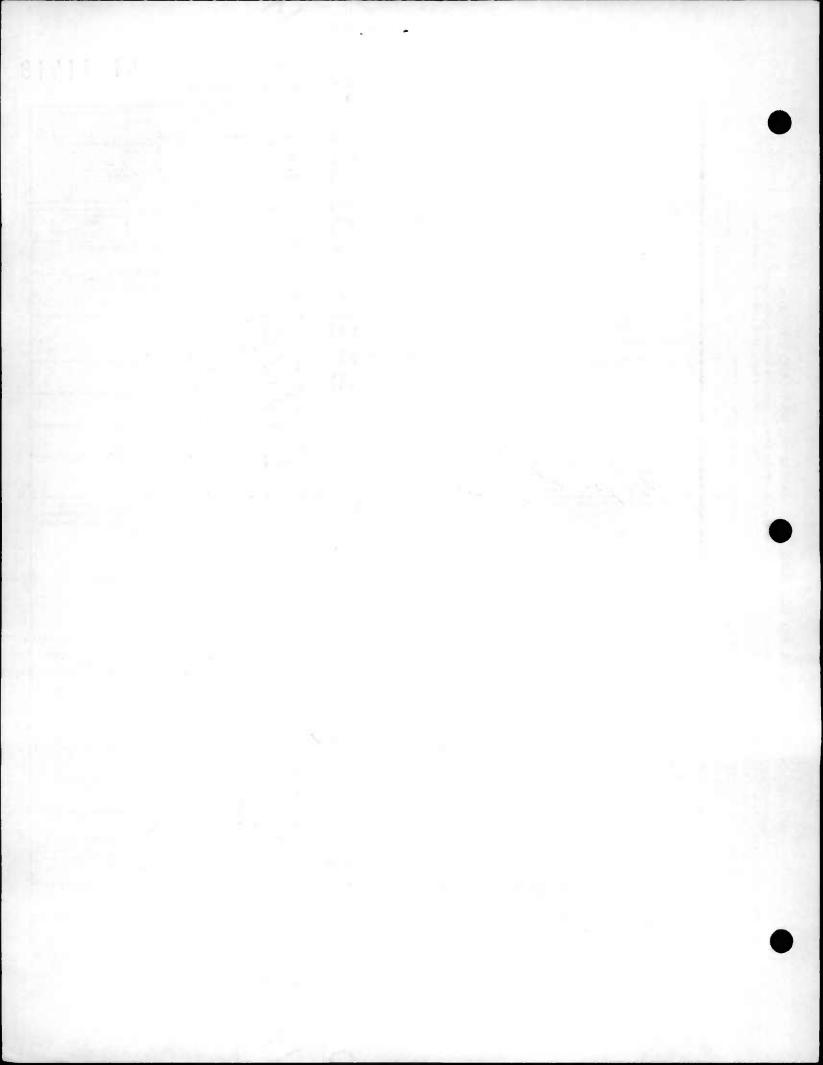
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

				_							-	
1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF I	DEATH DAY		YEAR	3. TIME OF DEATH
		Lee						April		991		12:39 P
4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da	v. Year)		Countr	PLACE (State or Foreign y)
232 60 8153	1 □ M 2 XX	52	YRS.						st Va.			
9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH								
	t.			Westernport Allegany					any			
RESIDENCE OF DECEDENT 100. STATE 10b. COUN	ITY		10c CIT	Y, TOWN C	M LOCAT	TION .		_				10d. INSIDE CITY
The state of the s	egany			Vest								LIMITS?
10e. STREET AND NUMBER	СБипу		,	VC S L	_	ZIP CODE				40- OFT	TEN 05 M	1 XXES 2 NO
D- HANGE CONTROL												THAT COUNTRY?
134 Wood S	12. WAS DECEDENT			1		2156				US		
1 Never Married 2 Married	FORCES? 1	YES	2 NINO	1 1	If yes, sp	ecity Cuba	n, Mexico	NIC ORIGIN? (S in, Puarto Ricai	pecify tee (n, etc.)	or No—	14. RACE Black	— American Indian, c, White, atc.
3 Widowed 4x Divorced	IF YES, GIVE W	AR OR DATE	S	1	1 🗌 YES	2 XX0	Specif	y:			Speci	White
15. DECEDENT'S ED	DUCATION	-10	Se. DECEDENT'S	USUAL O	CCUPATH	DN	_	16h KIN	ID OF BUSI	NESS/IND		
(Specify only highest gre	de completed)		(Give kind of Me. Do NOT u	work done (during mo	at of working	g	Total rais	D 0. 000.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Elementary/Secondary (0-12)	College (1-4 or 5+	'	Bart	end	er			Ve	tera	ns	C 1 11	b
17. FATHER'S NAME (First, Middle, Last)			202			16 MOTI	IER'S NA	ME (First, Middl			014	~
	B Taylo	r				14.5	Nna				inc	ton
19a. INFORMANT'S NAME (Type/Print)	b laylo	<u> </u>	Lank Marinio		D //Descrit						ing	LOII
e-clinical reconstruction (estimate)					/.			Route Number, (
Warren Lee		Lance	RI		4			, W.V				
1X Burial 2 ☐ Cremation 3 ☐ Re	moval from State	20b. P	LACE OF DISPO								City or To	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE			Turr	ner					Swa	into	n M	d.
	-	20		22.		ADDRES		ick F	111101	c a 1	Hom	0
1/aure	Boal	1/1						rt. M				C
resulting in death)		IOH AS A C	ONSEQUENCE C	PF):	-	-PT CA	an	.aa				1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A C	ONSEQUENCE O									
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b	(OR AS A C	ONSEQUENCE O									R 1
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CO	ONSEQUENCE O)F):			given in		PERFORM	WED?	24b	WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25—cols after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be executed within 22-cours after death. Page 6 may be retained by the hos	ician and completely filled in by the funeral director, page 5 should be detache ior to bunial, cremation, or removal.	raumatic event, the medical examiner must be notified at once.	
# # 2 5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-cons after death. Page 6 may be retained by the hos	AE FUNERAL OIRECTOR: After this certificate has been signed by the attending physical within 25 hours after death with the State Deot, of Health and Mental Hydiene or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	•	1 1			2. DATE OF D	EATH	VEAD	3. TIME OF DEATH	
- 1	KULYN LEDI	Louci	ouch			15 19	12:30рм			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day)	IRTH		HPLACE (State or Foreign	
	217-01-8427 1 M 2 X F 77 YRS. MONTHS DAYS HOURS MIN. (MONTH, Day, 1987) 1913						Vir	ginia		
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								DEATH	
8	3113 Snake Lai	NE_	C	hur	chuille	2		HA	RTORD	
E F	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY TO	OWN OR LOCAT	ION				10d. INSIDE CITY	
DIRECTOR	md Hapsa	01	ivch	ulita				LIMITS?		
	10e. STREET AND NUMBER	1 (1)	Cit	79	ZIP CODE		10a, CI	TIZEN OF	WHAT COUNTRY?	
BY FUNERAL	3113 SNOKE	ONE			21085			U.S.		
3 1		ECEOENT EVER II			ENDENT OF HISPAN	IIC ORIGIN? (Sp		14. RAC	E - American Indian.	
E	I Hever merried 2 merried	S? 1 TYES, GIVE WAR OR D			2 NO Specify		, etc.)	Spec	ck, White, etc.	
	3 Widowed 4 Divorced			1 155 2 150 10				-5,3	WhitE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		18a. DECEDENT'S USU (Give kind of work	done during mo	IN at of working	18b. KINI	OF BUSINESS/IN	DUSTRY		
9	Elementary/Secondary (0-12) College (I-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.) Homemaker			In home			
§ -	17. FATHER'S NAME (First, Middle, Last)		Honen	anei	In home					
				18. MOTHER'S NAME (First, M.) Carrie Lo					i i	
#	Colonel Pilkins 190. INFORMANT'S NAME (Type/Print)		105 MAILING AD	DBERR (Charles				in Code		
2	Glen C. Lovelace			19b. MAILING ADDRESS (Street and Number or Rural Route A Route 1 Box 287B				ute Number, City or Yown, State, Zip Code) Seaford, DE 19973		
1	209, METHOD OF DISPOSITION	201	b. PLACE OF DISPOSITION			Dea.	20c. LOCATION -			
	1 \(\overline{A}\) Buriel 2 \(\overline{D}\) Cremetion 3 \(\overline{A}\) Removal from S 4 \(\overline{D}\) Donetion 5 \(\overline{D}\) Other (Specify)	tate	Bel Air Me					-	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		202 1122 110	22. NAME AN	D ADDRESS OF FA	CILITY				
	* Harry Q III. M:		*	Tarr	ing-Carg	o Fune:	ral Home	P.	Α.	
\dashv	23. PART i. Enter the diseases, or complication	ovon	ne -		deen,Mar	4	21001-3		L Assessing	
	ahock, or heart fellure. Liet only	one ceuse on e	each line.	A A	de or dying, suc	I A	or respiratory a	rrest,	Approximete interval Between	
Í	IMMEDIATE CAUSE (Fine) disease or condition							Onset and Death		
II.	resulting in deeth) a. DUE TO (OR AS A CONSEQUENCE OF):									
- 11			A CONSEQUENCE OF: /		951 /		11	/ //		
_	_ (atte	A CONSEQUENCE OF):/	tull	20 8.5	142	Var	1	2100	
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury thet initiated events resulting in death) LAST PART II. Other significent conditions contributed to the contribut	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t spetient 3 DOA 4 28b. Time 0 INJURY Y — At home, farm, strescity)	26. PI THER: Nursing Horn F 28c. IN. W M 1 et, factory, office	ACE OF DEATH (Ch. 5 Reeldence URX AT RK? YES 2 NO	1 Control of the council of the co	PERFORMED? YES 2 NO Pecily) BE HOW INJURY O N (Street and Numb wn, State) o) end manner as si plece, end due to	ccured or Rural tated.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significant conditions conditions contributed in the significant conditions contributed in the significant conditions contributed in the significant cond	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in t spetient 3 DOA 4 28b. Time 0 INJURY Y — At home, farm, strescity)	26. PI THER: Nursing Horn F 28c. IN. W M 1 et, factory, office	ACE OF DEATH (Chie 5 Reeldence URY AT RK? 2 NO e and place, end dua	1 Control of the council of the co	PERFORMED? YES 2 NO Pecily) BE HOW INJURY O N (Street and Numb wn, State) o) end manner as si plece, end due to	ccured or Rural tated.	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Poute Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significent conditions contributed in the significant conditions conditions contributed in the significant conditions contributed in the significant conditions contributed in the significant cond	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in to the consequence of the co	26. PI THER: Nursing Horn F 28c. INI, W 1 at, factory, office tt the time, date n my opinion, of	ACE OF DEATH (Chie 5 Reeldence URY AT RK? 2 NO e and place, end dua	1 Control of the council of the co	PERFORMED? YES 2 NO Pecily) BE HOW INJURY O N (Street and Numb wn, State) o) end manner as si plece, end due to	ccured or Rural tated.	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Poute Number,	
TO BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributed to the contributed in the contributed to the contribut	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in to the consequence of the co	26. PI THER: Nursing Horn F 28c. INI, W 1 at, factory, office tt the time, date n my opinion, of	ACE OF DEATH (Chie 5 Reeldence URY AT RK? 2 NO e and place, end dua	1 Control of the council of the co	PERFORMED? YES 2 NO Pecily) BE HOW INJURY O N (Street and Numb wn, State) o) end manner as si plece, end due to	ccured or Rural tated.	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Poute Number,	
TO BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury thet initieted events resulting in death) LAST PART ii. Other significent conditions contributed to the contributed in the contribut	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in to the second of the seco	26. PI THER: Nursing Horn F 28c. IN. W M 1 st, factory, office at the time, date n my opinion, of	ACE OF DEATH (Chie 5 Reeldence URY AT RK? 2 NO e and place, end dua	1 Control of the council of the co	PERFORMED? YES 2 NO Pecily) BE HOW INJURY O N (Street and Numb wn, State) o) end manner as si plece, end due to	ccured or Rural tated.	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Poute Number,	

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DHMH-18 Rev 1/89

1	FOR STATE REGIST
ŀ	1. DECEDENT
ŀ	Ruth
	222-2 9a. FACILITY
	Edw.
	MD.
	10e. STREET 20

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

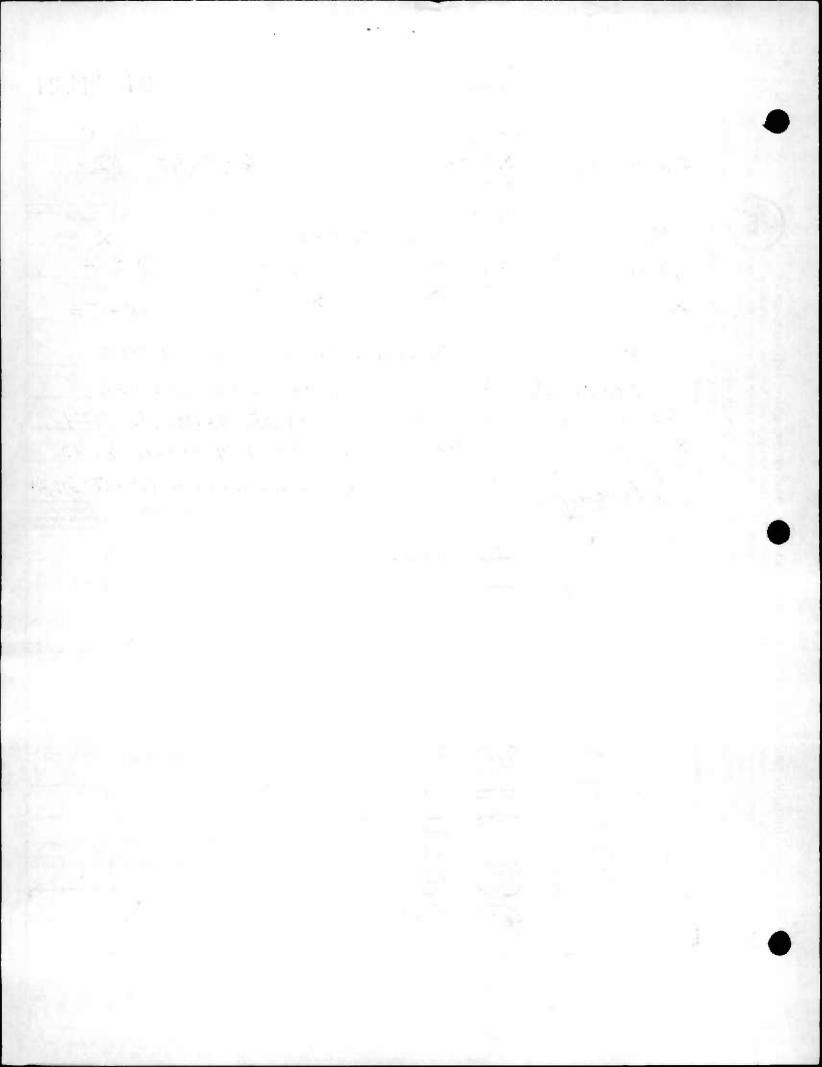
	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH	
1	Ruth K. Leister						7 - 91	YEAR	.1:42 P	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)#F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRT	HPLACE (State or Foreign	
	222-22-5176	. C	O I YAS.	NTHS DAYS	HOURS MIN.	(Month, Day, 2-3-	1900	M	aryland	
-	9a. FACILITY NAME (If not institution, give at				R LOCATION OF DE	ATH	9c. C0	DUNTY OF	DEATH	
FUNERAL DIRECTOR	Edw. W. McCready	eady Memorial Hospital Crisfield Somerset								
E	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION	10d. INSIDE CITY			10d. INSIDE CITY LIMITS?	
<u>_</u>	MD. WOR	CESTER	SNO	W HILL				tX YES 2 ☐ NO		
AL	10e. STREET AND NUMBER	_	101	10g. CITIZEN			WHAT COUNTRY?			
ER	207 SOUTH CH	URCH ST.						.A.		
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Novidowed 4 Divorced	N U.S. ARMED 2 XNO ATES	NO If yes, specify Cuban, Maxican, Puerlo Rican,							
	15. DECEDENT'S EDUC	16a. DECEDENT'S US	a. DECEDENT'S USUAL OCCUPATION 166, KIND OF BUSINESS/INDUSTRY						-	
E	(Specify only highest grade		(Give kind of work done during most of working			190, KIND OF BUSINESS/INDUSTRY				- 1
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 8 +)		TEACHER			PUBLIC SCHOOL			OL	
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	AE (First, Middle	Maiden Surname	D)			
	JESSE ROOP K			ANNA	REBEC	CA STO	NER			
BE	19a. INFORMANT'S NAME (Type/Print)	-	196. MAILING AD	DRESS (Street a	nd Number or Rural R	loute Number, Ci	ty or Town, State,	Zip Code)		
2	KLEIN LEISTER		114 F	RONT	ST., POC	OMOKE	CITY,	MD.	21851	
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of carmatory company)						20c. LOCATION	— City or T	own, State	
	1 XBurial 2 Committee 3 Hame 4 Donation Other (Specify)	wai from State	other place) MILLSBOF	O CEM	ETERY		MILLS	BORC	, DELAWARE	É
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0/	V	ID ADDRESS OF FAC	CILITY			1	
	Quald C	/ Trune	V	Bound	ls Funera	1 Home	, Salis	sbury	, Md. 21801	1
	23. PART I. Enter the diseases, of o	complications that caused List only one cause on a	tha daeth. Do not	enter the mo	de of dying, such	ss cardisc	or respiratory	srreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	List Offiny Offia Caude Off a	acii iiiiq.						Onset and See	m
	disease or condition resulting in death) Perforated peptic ulcer								Aculy	М
	Tooling III dollary	OUE TO (OR AS A	CONSEGUENCE OF):						1 4	
z		Renal fa							toulo	
티	Sequentially list conditions, If any, leeding to immediate	DUE TO (OR AS A	CONSEGUENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury									_
Ë	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
CERTIFICATION		d								
ادّ	PART II. Other significant condition	s contributing to deeth b	out not resulting in	the underlyin	g ceuse given in	Part I. 24a.	WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDING	35
EDICAL						1,5	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						_ ' '	, 120 2 [] 110		OF DEATH?	
2						_				
A	25. WAS CASE REFERRED TO MEDICAL	20.00	-	26. PI	ACE OF DEATH (Che	ock only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 I ER/Outp		THER:	e 8 🗆 Rasidence	8 Other (Spi	ecify)			
BY PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	OF 28c. IN.	URY AT		E HOW INJURY	OCCURED		
YP	1 Natural 5 Pending	(Month, Day, Year)	INJUR		PRK? YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm, stre	et, factory, offic		281. LOCATIO	N (Street and Nun	nber or Rura	I Route Number,	\neg
Ĕ	4 Homicide detarmined	building, atc. (Spec	Cny)			City or To	wn, State)			
9	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	riedge, death occurred	et the time, date	and place, and due	to the cause(s)	and manner as	stated.		
COMPLETED	(Orlock Orly)	R: On the besis of examination							e(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	80			29c. LICENSE NUM	BEK"	29d. 1	DATE SIGNE	EQ-(Month, Day, Year)	
BE	min	Stel and	1		127	64	>	14	8/91	
2	30. NAME AND ADDRESS OF PERSON WH					= /		4	14	
	Dr. M.D. Barhan,	Rt. 413, C	crisfield.	Md. 2	1817					
2	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 1.00							
-	10.01	Frelia Davidson	Mariana							

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	MUS
jej.	any injury, or other traumatic event, the medical examiner must be notifie
itate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	nedicai
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- burial	natic e
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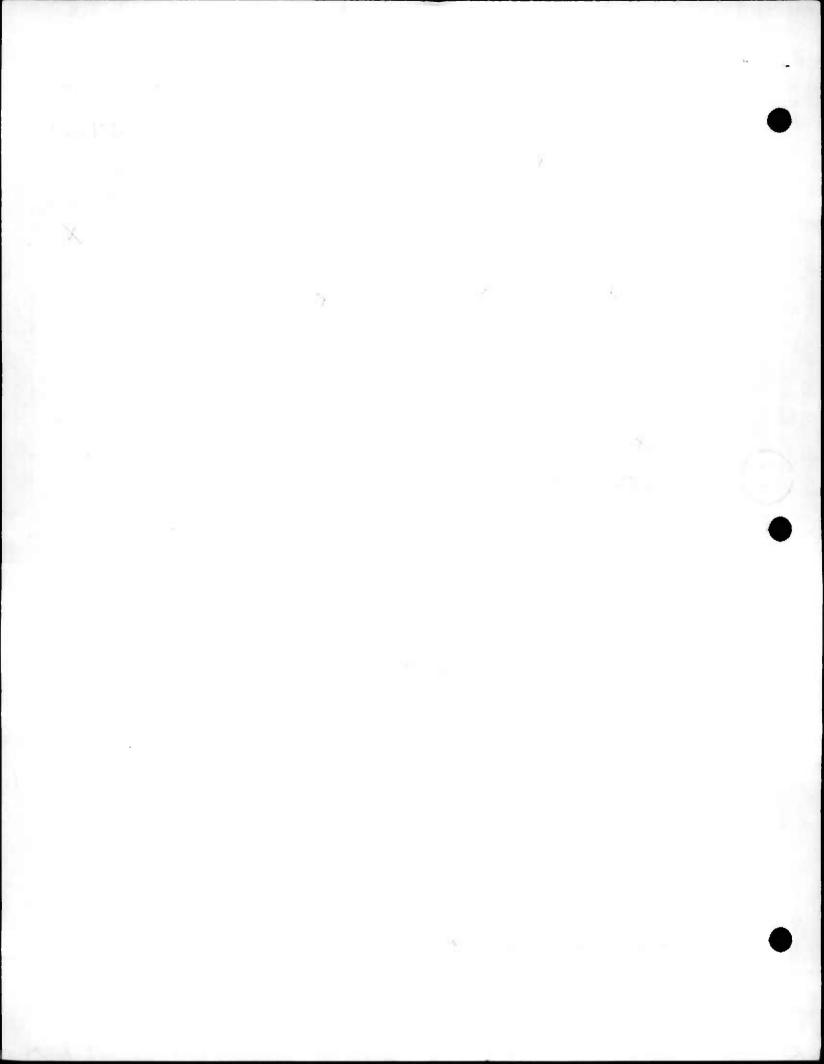
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	91
2 DATE OF DEATH	

	FOR STATE OF MARYLAN		RTMENT OF H		MENTAI	L HYGIEN	9	1 11421		
- 141.0	1. DECEDENT'S NAME (First, Middle, Last) Frances HELFN	Le	imbach		2. DATE MONTH	OF DEATH		3. TIME OF OEATH 2:15 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In)	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		BIRTHPLACE (State or Foreign		
N.	Sa. FACILITY NAME (if not institution, give street and number) Key Medical Center			imore	DEATH	V + 1	9c. COUNTY	OF OEATH		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	40. 007						Language		
- DIRECTOR	MD.	B	4 LT M	ORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER LOGIC S. CURLEY S	T.	101	2122	4	10g. CITIZEN OF WHAT COUNTRY?				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENÉ EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISP ecity Cuban, Mexi 2 NO Spec	can, Puarto I		or No.— 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE		
COMPLETED	(Specify only highest grade completed)		USUAL OCCUPATION Work done during mose retired.)		16b	KIND OF BUS	INESS/INDUST	RY		
APLE	Elementary/Secondary (0-12) College (1-4 or 5+)	TELEF	HONE C	PERATI	5R]	DEPT	· ST	ORE		
	17. FATHER'S NAME (FIRE MODING LAND)		20.	/16. MOTHER'S	AME (First, I	Middle, Malden	Surname)	NIED		
TO BE	19e. INFORMANT'S NAME (Type/Paint)	19b. MAILING	ADDRESS (Street	and Number or Run	8 T	ber, City or Tow	n, State, Zip Coo	te)		
•	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State	ACE AND OAT	E OF DISPOSITION	(Name	OAT.	E 20c. LO	CATION - City	or Town, Stata		
j	4 Donation 5 Other (Specify)	EA DOL	URI DEE	MEM	4-8	91 H	bUARL	Co. MD.		
	21. SHOWATURE OF FEMERAL SERVICE LICENSEE	Lh.	SKA	eda F	nge E	829	Huds	on 5T 21224		
	23. PART I. Enter the diseases of complications that caused to ehock, or heart failure. List only one cause on each immediate CAUSE (Finel disease or condition resulting in death) H.A.S.C.V.	1		ode of dying, and				Orand and Orand		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury C. DUE TO (OR AS A CONSEQUENCE OF):									
ERTIF	that initiated events resulting in death) LAST d									
BY PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but Alzheimers Disease	In Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?					
. ME						INqui	iry	1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Check only o	ne)				
Sic	EXAMINER? 1- YES 2 NO HOSPITAL: Y 1 Inpatient 2 ER/Output	lent 3 DOA	OTHER:	ne 5 🗆 Residend						
РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)	28b. TII	ME OF 28c. IN.	JURY AT ORK?	1		NJURY OCCUR	EO		
	1 Netural 5 Pending M 1 YES 2 NO 2 Accident Investigation									
TED	3 Suicide 8 Could not be determined 296. PLACE OF INJURY — building, etc. (Specify)		=	City	or Town, State;	and Number of	was rode runde,		
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my knowled MEDICAL EXAMINER: On the best of my knowled							suse(s) and manner as stated.		
BE C	29h. SHOMATURE AND TITLE OF CENTIFIED			29c. LICENSE N				GNED (Month, Day, Year)		
70 E	SE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) /5-0	e Print)	0.C.N	1. E.		▶ 4-	-5-1991		
	FRANK J GENETTI,	m.D		ll Penr	st.	Balt	imore	21201		
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 1 0 91 Sie Davidson Tondo C.										

DHMH-18 Rev 1/89



	- STATE REGISTRAR	CERTIFI	ICATE OI	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH		3. TIME OF DEATH	
	Joseph Wilson Mainster				04 1	7 19	91	0720 Am	
1									
	212-01-0204 1XM2□F 77	Maj	myland						
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 4511 Mt. Carmel Road			or Location of DE. pstead	ATH		9c. COUNTY OF DEATH Baltimore		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							44 4 11010 2 01714	
	Md. Baltimore	10c, C11	Y, TOWN OR LOC					10d. INSIDE CITY LIMITS?	
				stead				1 TYES 2 NO	
FUNERAL	100.STREET AND NUMBER 4511 Mt. Carmel Road		,	21074	1	10g. Cf		WHAT COUNTRY? SA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE VIAR OR DATES WW II	S. ARMED	13, WAS DI It yes,	14. RACI Blec Spec	E — American Indian, k, Whita, stc. #y: White				
03		n DECEDENT'S	USUAL OCCUPA	ION	185 KIND	OF BUSINESS/IN	INCISTRY	WIIILE	
1 2	(Specify only highest grade completed)	(Give kind of v life. Do NOT us	vock done during i	nost of working	TOLK KING	OF BUSINESS/II	NO STAT		
٦	Elementary/Secondary (0-12) College (1-4 or 5+)								
once. COMPLET	12 years	Insu	rance						
5 8	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAI					
BE BE	Joseph W. Mainster				Ferri				
10 10	19a. INFORMANT'S NAME (Type/Print)			end Number or Rural F					
2 5	Clara Mainster				l.,Han	pstead	l, Mo	d. 21074	
ž z	20a. METHOD OF DISPOSITION 1	ACE OF DISPOS	SITION (Name of	emetery, crematory or		20c. LOCATION -	- City or To	own, Stata	
Ē	4 Donation 5 Other (Specify) Ca		Crema	tion Ser	cv.	Hampst	ead	, Md.	
i iii	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF FAC		ine Fun			
examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main St., Hampstead, Md. 21074								
vent, the medical	23. PART I. Enter the diseases, or complications that coused the death. Do not antar tha mode of dying, such so cerdiec or reepiratory erreat, ehock, or heart feliure. List only one couse on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximeta interval Between Onset and Death								
any injury, or other traumatic event, the	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
1	PART ii. Other aignificant conditions contributing to death but	not reaulting	in the underly	ng cause given in	Part i. 24a	WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
shows any inju	PERFORMED? 1 VES 2 NO AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO								
23 AN:	A MAD CLOS DESCRIPTION OF THE PARTY OF THE P								
SICIAN	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH Ch	eck only one)		_		
	1 Tes 2 Inpetiant 2 ER/Outpetia		4 - Nursing H	ome 5 Residence					
marked, or BY PHY	27. MANNEB OF DEATH 1 Neturat 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIN	JURY	NJURY AT YORK? YES 2 NO	28d. DEŞCRIE	BE HOW INJURY O	CCURED		
m 28 is m ETED B	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, or	lice	281. LOCATIO City or To	N (Street and Numb wn, State)	ber or Rural	Route Number,	
MPORTANT: If Item O BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of axamination as							(e) and menner as stated.	
APORTAN BE C	29K SHINATURE AND TITLE OF CERTIFIER	re		DI & C	MBER 200	29d. D.	ATE SIGNE	D (Month, Day, Year)	
₹ 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	CITEM 27) (Type	A · D	00 × 100	le Ad	wenn	mint	91152	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU						-		
	APR 18'91 Julia Savide	on- Mand	J.						



BALTIMORE, MARYLAND 2

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SICL	cent	#
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	With
9	fter	eath
9	. N	9
E	8	afte
RA	RE	SID
07	0	9
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Š	JNE	THE STATE OF

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	TIEGIOTTON					<u> </u>		•	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	McDo	orman				MONTH DAY YEAR			3. TIME OF DEATH		
	MARLEN 4. SOCIAL SECURITY NUMBER			ary McDorman					7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign			
		1 M 2 XX	AGE (In yrs. las		MONTHS D	$\overline{}$	HOURS I	MIN.	(Month, Day, Year)		Count	ry)
	578-34-8721 9e, FACILITY NAME (If not institution, give atr	02	11.0.	9b. CITY, TO	WW OB	LOCATION		ec 28, 19		Ma:	ryland	
<u>m</u>				u	Rock			OF DEATH		-	ntgo	100
읡	RESIDENCE OF DECEDENT	TORIOI I	40SPIT/		ROCK	V 11.				110		
H	10e. STATE 10b. COUNTY				TOWN OR I		ON					10d, INSIDE CITY LIMITS?
▫▮	Maryland Montg	omery		Roc	kvill	-						1 TYES TO NO
FUNERAL DIRECTOR	100. STREET AND NUMBER	1. T7 A	-+ #22				ZIP CODE	_				WHAT COUNTRY?
	16109 Crabbs Bra	nch way A		MED	42 140	-	20855		ORIGIN? (Specify Yee		S.A.	E — American Indian.
三	1 Never Merried 2 Merried	FORCES? 1	YES XXI	NO	If y	es, spec		Mexican, P	uerto Rican, stc.)	OF NO-	Blac	k, White, atc.
BY	3 Widowed Management Divorced	IF TES, GIVE WAR	ON DATES		_ ''] TES 2	ZZANO	Specify:			Spec	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e. DE	CEDENT'S	USUAL OCCU	JPATION	of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use	e retired.)				Fluent			
M	12		В	us Dr	iver'	_			Educat			
	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Meiden UNAVAIL.			
B	Carmelo Campagna 190. INFORMANT'S NAME (Typo/Print)		19	b. MAILING	ADDRESS (S	itmet and	Nata d Number or		Number, City or Town			
임	Darrell McDorman								ce Damas			20872
	20s. METHOD OF DISPOSITION 1 Burlet XXX Cremetion 3 Remo	en versee	20b. PLACE	OF DISPOS	ITION (Name	_						own, Stata
	4 Donation 5 Other (Specify)	oval from State	Metr		tan C	rem	atory	У	Ale	xand	ria,	Virginia
	21. SIGNATURE OF FUNERAL SERVICE MCENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home									Home		
	1). 5/	oil_	М0	0896	10	Ε.	Deer	Park	Dr. Gai	ther	sbur	g, MD 20877
	23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximeta											
- 1	IMMEDIATE CAUSE (Final	Clet Only One Ceuse	on eech line									interval Between Onset and Daath
	disease or condition resulting in daeth)	. Keu	al	Fc	eith	سو						5 days
		DUE TO (O	AS A CONSE	OUENCE OF	}:							
NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)								Sours			
ξ	If any, leading to immediate cause. Enter UNDERLYING								154R			
E	CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):									13		
CERTIFICATION	resulting in death) LAST a Cerebro Vascular terrorting e 3 W/s											
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL	Hypertensive Cardiovascular Discor 1 yes 2 700 Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Completion of Cause on Desired to the Cause of Cause on Desired to the Cause of Cause on Desired to the Cause of Cause on Desired to the Cause of Cause on Desired to the Cause of Cause o											
	Morbid	05	esit	1_			,	V) -	J 1 1 1ES 2	- NO		OF DEATH? 1 YES 2 NO
_				7					-			
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL EXAMINER?	uoer-f				26. PLA	CE OF DEA	ATH (Check	only one)			
Sign	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	g Home	5 🗆 Resk	Idence 6	Other (Specify)			
PH	27. MANNER OF DEATH	26s. DATE OF IN (Month, Day,		26b. TIMI	E OF 26 URY	Bc. INJU	IRY AT	20	6d. DESCRIBE HOW I	NJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation						ES 2 🗌 I	-				
ED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, et		ome, farm, s	street, factory	y, office		20	Bf. LOCATION (Street of City or Town, State)	end Numb	er or Rural	Route Number,
H												
COMPLET	(Check only											(e) end manner ee stated.
			minutes and/or	vestigatio	н, ят илу орн							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Q M	HAAT			- -	29c. LICEN	NUMBE	7 7	29d. D/	I'E SIGNE	D (Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)		VY	13	14/		INY	7,1771
	Castrut Post	tun 19	1201	Ma	nt V	11.	Ave	G	aithers.	bere.	m	1 20879
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR						,		-/		
	APR 16 '91	guna Dai	4dson-ha	inde PR								

1203-3146 or amending physician. Intruse as the burita-transit permit. Pages 1, 2, 3 should

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BALLIMONE, MARTINE	Taine Dy	should	tiffed at
Ě	lay the mil	page 5 h	t be not
NO.	Page 6 m	il director,	ner mus
DAL	or death.	the funera	I exami
	nours after	or remov	medice
•	ithin 24	letely fille emation,	int, the
0140	decuted w	and comp burial, cr	atic eve
Y	ate be eo	hysician a prior to	r traum
	th certific	tending p	or othe
20,	it the dea	by the att	y Injury.
DIVISION OF VITAL RECORDS, P.O. BOA 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 6 may be maining by he had	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 untuing be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4 7	he law re	e bept. o	m 23 sh
	SICIAN: T	certificate the State	I, or Itel
5 2	ING PHYS	After this leath with	marked
<u> </u>	ATTEND	RECTOR: /	m 28 ls
5	PITAL OF	IERAL DIF	IT: If Ite
	THE HOS	THE FUN	PORTAN
	2	22	₹

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR						GIENE S. NO.	91	11424		
20011000	1. DECEDENT'S NAME (First, Middle, Last) John J	. Moosberger	no sm.					2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF OEATH		
		M□ M 2 □ F 88	yrs. last birthday) YRS.	IF UNDER	DAYS		IIN.	7. DATE OF BIR (Month, Day,) Dec. 1	0, 19	02 .	THPLACE (State or Foreign nly) Switzerland		
TOR	Holy cross Hos								9c. (Mon	tgomery		
FUNERAL DIRECTOR	Maryland 10b. COUNTY	Montgomery	Montgomery Silver Spring							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
VERAL		Hampshire Avenue			101. ZIP CODE 20904					US.			
BY	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 X NO		If yes, spe		lexicar	IC ORIGIN? (Spec 1, Puerto Rican, e :		Bla	CE — American Indian, lock, Whita, etc. White		
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12) 1-12		e (1-4 or 5+) life. Do NOT use retired.)				16b. KIND						
BE CON	17. FATHER'S NAME (First, Middle, Leat) John Jacob M	Moosberger (unk						nown_)					
2	19a. INFORMANT'S NAME (Type/Print) Cleo V. Moosbe 20a. METHOD OF DISPOSITION	osberger 12001 New Hampshire Ave							ve., Sil. Spr. Md. 20904				
	1 Tomation 5 Observation 3 Remont	Cremation 3 Removed from Park Commercial Parklawn Cemetery Rockville, Md.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE O	P):	La	faret	70				minutes		
CAL	PART II. Other algnificant conditions	aditions contributing to death but not resulting in the underlying cause given in Part I. Piahetes Mellites 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							Ab. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEAT	TH (Che	ack only one)					
BY PHYSICIAN: MED	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	1 Inpatient 2 PER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b, TIN	4 🗆 Nu	28c, INJ WO			6 Other (Spec 28d. DESCRIBE	**	Y OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)							al Route Number,				
COMPLETED	anal anny	CIAN: To the best of my knowled to On the besis of examination									e(s) end manner as stated.		
TO BE C	296. SIGNATURE AND THE CONTRIBUTE	Mus	Tho			D24	HO	93	29d	4/11/	ED (Month, Day, Year)		
	Mark Parkhurs	t, 7305 Bal	timore	e B1	vd,	#107	,	Colleg	ge Pa	rk,	MD		
	APR 15 '91	32. REGISTRAR'S SIGNAT	Mandell	2.									

AND 01215-0020	the home of the state of the st	descent forces as the burial-transit permit. Pages 1, 2, 3 should	once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by we have served to physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the sent this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the sent the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF A	IADVI AND /	DEDAD	TRACMT	OF U	EAITH A	AND ME	ENTAL HYGIEN	9	1 1	1425
	1 - STATE REGISTRAR	SIMIL OF IT					DEAT		REG. NO	-		
	1. OECEDENT'S NAME (First, Middle, Last)							2	2. DATE OF GEATH			TIME OF OEATH
- 1	RANDOL	РН	LOUIS	:		MOR	ELAND	\ \ \	PRIL 13	MY 1.O	YEAR Q1	9:20 A. M
		5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDER 2		DATE OF BIRTH	, 17	8. BIRTHPL	NCE (State or Foreign
	213-44-5053	1 TM 2 TF	M 2 F 79 YRS. MONTHS DAYS HOURS MIH.					(Month, Day, Year)		Country)	4	
	9e. FACILITY NAME (If not Institution, give stre	21	19		9h CITY	TOWN C	OR LOCATION			1911	WASH	INGTON, DC
œ	1								.,	9C. COO.	NIT OF DEAL	
5	4002 CHARIOT'S	FLIGHT	WAY		ELI	LICO	TT CI	TY				HOWARD
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	A LOCAT	ION				10	d. INSIDE CITY
HO	MARYLAND HOWA	RD			ELL	COT	т ст	TY			11	LIMITS?
	10e. STREET AND NUMBER			_		_	ZIP CODE			10a, CIT	IZEN OF WHA	
R.	4002 CHARIOT'S F	LIGHT V	JAY				210	1/12				
FUNERAL		12. WAS DECEDEN		MED	13 1	MAS DEC			ORIGIN? (Specify Ye	n or No	USA	American Indian
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2X		H	yes, sp	ecify Cuban, 2 X NO	, Maxican, I	Puarto Rican, etc.)		Black, W Specify:	American Indian, hita, etc. WHITE
	15. DECEDENT'S EQUC	TION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BL	ISINESS/INC	DUSTRY	
E	(Specify only highest grade c		(G	ive kind of Do NOT u	work done o	furing mo	st of working	1				
7	Elementary/Secondary (U-12)	College (1-4 or 5 +		PEET	GHTE)			DICTRI	OT OT	COLID	(D.T. A
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		TI	KEPI	GHIEI		18 MOTHS	ED'S NAME	DISTRIC		COLUM	IBLA
	JOHN ANDREW	MOI	RELAND							r Surnamaj		
BE	19a. INFORMANT'S NAME (Type/Print)	FIOI		- MAN INC	ADDRESS	(Chanal a			NA ute Number, City or To	On the Tile	MELCE	IOLR
2	ELLEN S. MORELAND	(1.17										
	20a. METHOD OF DISPOSITION	(W)	20b. PLACE					GHT				MD 21043
Į.	1 X Buriel 2 Cremetion 3 Remove	ral from Stata	of cemetary.	. crematory	or other pi	lace)					City or Town,	
	4 Donation 5 Other (Specify)	NCEE	- GATE	<u>OF</u>			EMETE		LSTI	VER	SPRINC	MARYLAN
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE FRANCIS J. COLLINS FUNERAL HOME,									INC.		
	NYI XI.	50	00 U	NIVER	SITY	BLVD., V	J S	TL. SP	MD 2090			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, Approximate											
	shock, or heart failure. List only one cause on each line.										Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. C'hom & Obhuctwe Pulmany disease (CUP) DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) S. COUNTY OF AS A CONSEQUENCE OF:								المالية المالية	CR (C	OFIS	server
												92003
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):											
AT	If sny, leading to immediate ceuse. Enter UNDERLYING											
FIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										1	
E	resulting in deeth) LAST											
S												
7	PART II. Other significant conditions	contributing to	deeth but not i	resulting	in the un	derlyln	g cause gl	lven in Pa		N AUTOPSY		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
2	Branchogenic	Branchogenie Carcinama								2 100	00	OMPLETION OF CAUSE
틸			,							-		YES 2 NO
2									_			
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF OE	ATH (Check	k only one)		_	
PHYSICIAN: MEDICAL		HOSPITAL:	ED/Outpetlant 2	□ DOA	OTHER	1 :		-				
¥	27. MANNER OF DEATH	28a, DATE OF		28b. T/A			URY AT		Other (Specify)	INJURY OC	CURED	
	1 Netural 5 Pending	(Month, E		IN	JURY	WC	YES 2					Para,
BY	2 Accident Investigation	29a PLACE C	F INJURY At ho	ome form	etraet fact				Det 1 OCATION (Steen	and Mumba	as Brand Bara	h Atumbar
6	3 Suicide 8 Could not be 4 Homicide detarmined	building,	etc. (Specify)			ory, one	7	1	City or Town, State		or notes nous	e retricol,
H.	29a CERTICIER		F-90-9570			-				_		
AP.	29a. CERTIFIER (Check only one)											
COMPLETED	2 MEDICAL EXAMINER	On the basis of a	xamination and/or	Investigati	on, in my o	pinion, d	leath occure	d at the tir	me, data and place, a	and due to I	he cause(s) a	nd manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		11	10.0	-			NSE NUMB		29d. DAT	TE SIGNED (M	onth, Day, Year)
	1517 7 CM	1) Cur	Hendy	phy	11019	2	DIE	331	7	1 4	4/16/	91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	SE OF DEATH (ITE	94 970 /Km	(Delet)					-		

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21044

29b. SIGNATURE AND TITLE OF CENTIFIEN

Bold For Conferency physician DIC

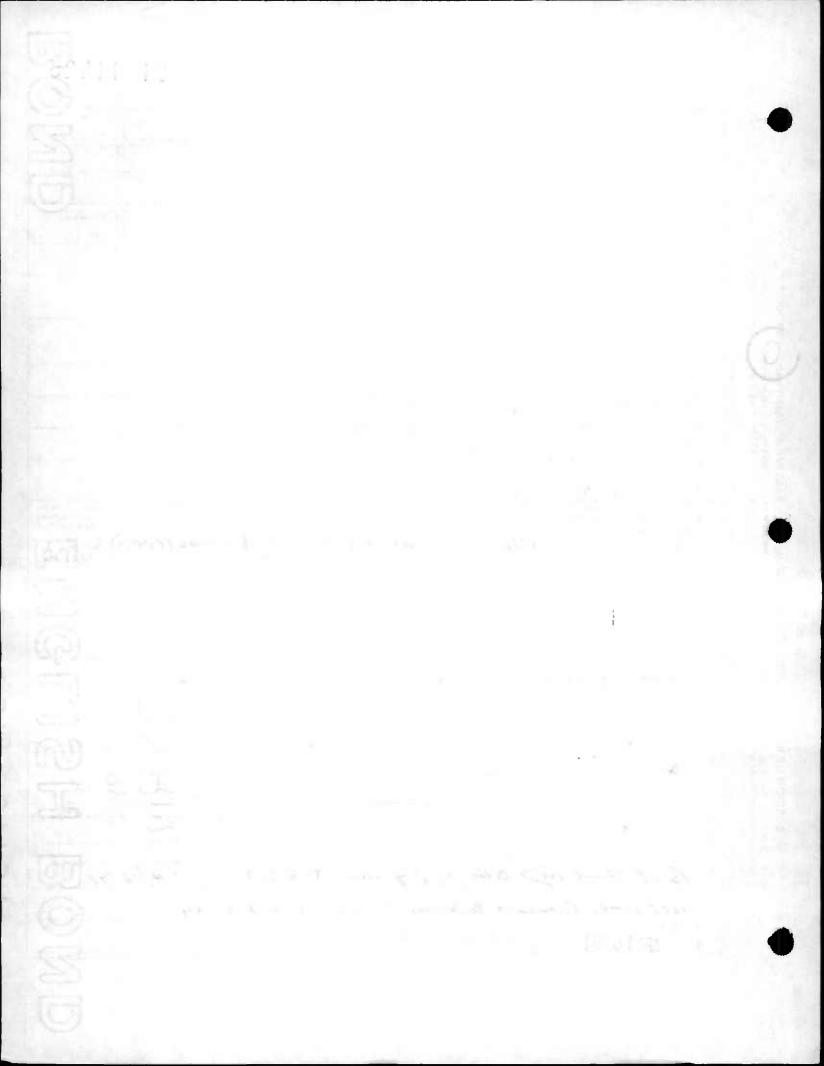
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

11055 Little Portnetent Parkway, Columbia 31. DATE FILEO (Month, Day, Year)

APR 16 '91

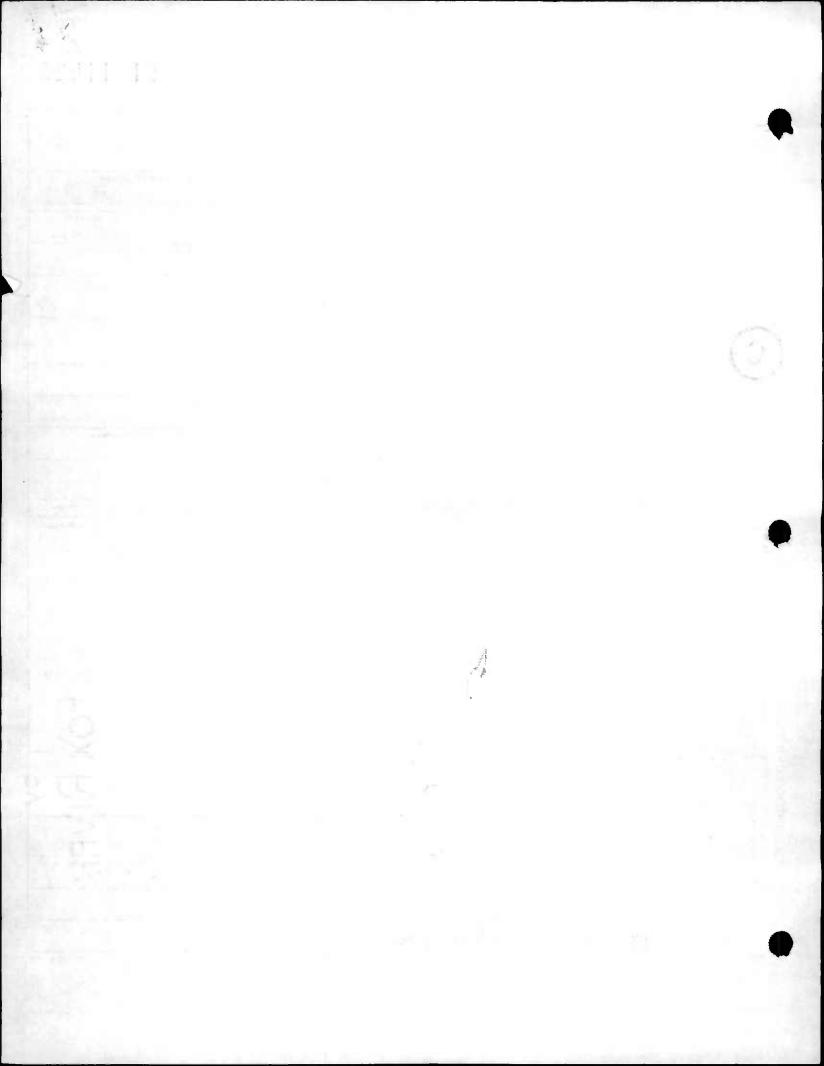
32 REGISTRAN'S SIGNATURE
Fruita Davidson Randall

DHMH-16 Rev 1/89



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-	THE SE	
2	23	
	15	

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REC	a. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	AKA NORAH	B. MYERS			2. DATE OF DE	ATH DAY	YEAR	3. TIME OF OE	HTA		
	NORA B. MY	ERS				APRIL 8		TEAR	1:15	Рм		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,		8. BIRTI	HPLACE (State or	Foreign		
	579-07-8697	1 □ M 2 😾 F 79		NTHS DAYS	HOURS MIN.	MARCH 3	,1912		INGTON	D.C.		
	9a. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN	R LOCATION OF OR			JNTY OF E				
DIRECTOR	11417 JUDY DRIVE	#303		SILVER	SPRING		MON	TGON	MERY			
입	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
뜶ㅣ	MARYLAND MO	NTGOMERY	STLVE	R SPRI	NG				LIMITS?	ON		
	10e. STREET AND NUMBER		DIEVE		ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY			
FUNERAL	11417 JUDY DRIVE				20904		υ	SA				
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IF FORCES? 1 TYES	U.S. ARMED		ENDENT OF HISPAN			14. RAC Blac	E — American in k, While, etc.	dian,		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES		2 NO Specify		,	Spec WH	"y: ITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USI	JAL OCCUPATIO	IN et of working	16b. KIND	OF BUSINESS/IN	DUSTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	at or working							
ੁ	12		HOUS	EWIFE	,							
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Malden Surname)					
BE	GEORGE WALSH				ANNE	MINOGU	E					
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F							
-	RITA A. FELSHER	(DAUGHTER)	8615 CI	PRIANO	SPRINGS					20706		
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem	oval from State of	cemetary, crematory or	other place)			20c. LOCATION					
	4 Donation 5 Other (Specify)		GATE OF HE	AVEN C			ILVER S	PRIN	G, MARYL	AND		
	21, SIGNATURE OF FUNERAL SERVICE CA	nA.			IS J. CO		UNERAL	HOME	. INC.			
	19 204	1995	/	1	NIVERSIT				•	901		
	23. PART I. Enter the diseases, or	complications that cause List only one cause on e	d the death. Do not						Approxi	mata		
	iMMEDIATE CAUSE (Final									Between nd Death		
	disease or condition resulting in death)	METAJ	TATIC	215	SASE							
- 1	disease or condition — METALTATIC DISEASE DUE TO (OR AS A CONSEQUENCE OF): ADENO CARCINOMA LUNGS b. ADENO CARCINOMA											
Z	Sequentially list conditions, b. ADENO CARCINOMA LUNGS											
E	if any, leading to immediate											
2	CAUSE (Disease or Injury											
Ë	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):						i			
CERTIFICATION		d							+			
	PART II. Other significant condition						MAS AN AUTOPSY	24	b. WERE AUTOPSY			
EDICAL	HOV AN CES	CitroNic	ORST	12VC1	VE L	1100	YES 2 1 NO		AVAILABLE PRIC COMPLETION O OF DEATH?			
	DISEASE							- 1	1 YES 2	□ NO		
PHYSICIAN: MI												
₹I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)						
)S	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		THER: Nursing Hon	e 5 Residence	8 Other (Spec	effy)					
동	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. IN.	URY AT	28d. DESCRIBE	HOW INJURY O	CCURED				
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					- 10		
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spe	f — Al home, farm, atre	et, factory, offic	•	281. LOCATION City or Town	(Street and Number, State)	er or Rural	Route Number,	7		
COMPLETED	4 Homicide determined			_								
2	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	riedge, death occurred a	nt the lime, date	and place, and due	to the cause(s)	and manner as at	ated.				
8		ER: On the basis of examination	on and/or investigation,	n my opinion, o	leath occured at the	lime, data and p	lace, and due to	The cause	(a) and manner a	e stated.		
	296. SIGNATURE AND TITLE OF CERTIFIE	"A . tr			29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	D (Month, Day, Ye	ar)		
B	All tagle	my Dun	V		01010	1	•	4/9	1/91	- 21		
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	A I I			-				
	JOSEPH SOLINAS, N	4 D 0001 OT	ODOTA ATTE	MILE C	TTURD ODI	DING MAI	0.000 4.375	0001				
	POPELII POPINAP' I	1.D. 9001 GE	CORGIA AVE	NUE, S.	LTAFK 251	KING, MAI	RYLAND	2091	U			
	31. DATE FILED (Month, Day, Year) APR 11 '91	32. REGISTRAR'S SIGN	EORGIA AVE	NUE, S.	LLVEK SPI	KING, MAI	RYLAND	2091	0			



attending physician.	wee as the burial-transit permit. Pages 1, 2, 3 should		
Chord of the float	should a dediched)	otified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mil	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be noti

203-3146 attending physician.

BALTIMORE, MARY AND ours after death. Page 6 may be resulted to the form

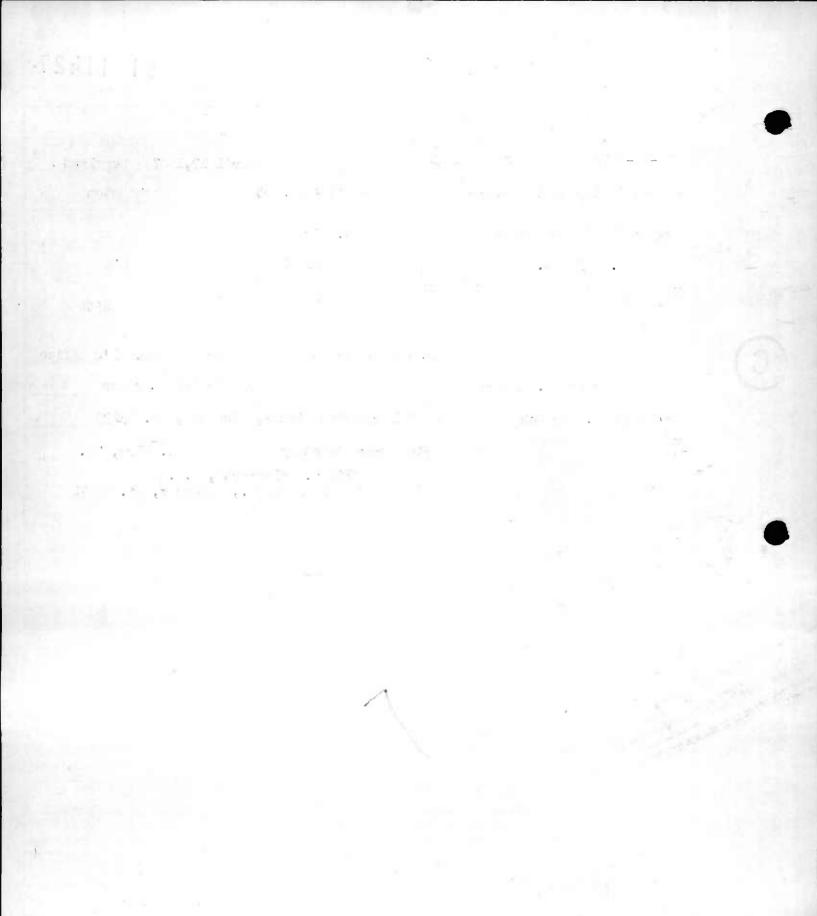
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Virginia Louise	Murdoch				April 1		91 3:15 pm				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birtnday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
	074-16-0179	1 M 2 K F	83 YRS.	MONTHS DAY		(Month, Day, Year)		Country)				
	9e. FACILITY NAME (If not institution, give at		0)	01 O/TH 70W		April 13		Maryland				
00					N OR LOCATION OF		9c. COUNTY					
DIRECTOR	Homewood Retiremen	nt Center		W:	lliamspo	rt	Wash	ington				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	400 OUT	r. TOWN OR LO	CATION			Lead WAIDS OFF				
8			100. 011					10d. INSIDE CITY LIMITS?				
		ederick		Mt.	Airy			17 YES 2 NO				
₹ I	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	S. Main S	5 •			21771			USA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES				ANIC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian, Black, White, etc.				
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Spec			Specify:				
	3 Widowed 4 Divorced							White				
ш	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INOUST	RY				
III	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	most of working							
4		4	Execut	ive Sec	cretary	Surgeo	n Gene	ral's Office				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					IAME (First, Middle, Meiden						
	Howard	V. Murdoch				Mary Virgin	nia Bur	0059				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		I Route Number, City or Tow						
2	Richard B. Mur	doob				e, Richmond						
	20e. METHOD OF DISPOSITION				cometery, crematory or							
	1 X Buriel 2 Cremation 3 Remo	oval from State	other place)				CATION — City					
	4 Donation 5 Other (Specify)		Pine (Cemetery		Mt. Ai	ry, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC		2			esworth, P.	Δ .					
	1 () () () () ()	Nolegunt	-			Rd., Damas		d 20872				
	23. PART I. Enter the diseases, or o	A CONTRACTOR OF THE PERSON NAMED IN COLUMN	d the death. Do r									
	ahock, or heert fellure.	List only one cause on e	ach line.		, , , ,			Interval Between				
1	IMMEDIATE CAUSE (Fine) disease or condition											
1	resulting in death) a. 3 (TOC)											
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions, Due to (or as a conscouence of):											
Ĕ	Sequentially flet conditions, if any, leading to immediate											
2	CALLES (Disease or Johns)											
CERTIFICATION												
EH	resulting in deeth) LAST											
	PART II Other elanificant condition	a contribution to double	and made an evideball	la Alba sandanda	dan anna atrica							
EDICAL	PART II. Other algolificant condition	a contributing to death i	out not requiting	in the underl	ing cause given i	PERFO	RMEQ?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
8	1 U YES 2 NO 0											
					V		1	1 YES 2 NO				
9	1 TES 2 NO											
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
8	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	putlent 3 7 DOA	OTAER:	lome 5 - Seeldene	6 Other (Specify)						
ΞI	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TiM	-	INJURY AT	28d. DESCRIBE HOW	N.IURY OCCUR	ED				
	1 Natural 5 Pending	(Month, Day, Year)	INI	URY	WORK? YES 2 NO							
B	2 Accident Investigation	DA - DI ACE OF IN HIS										
ED .	3 Suicide 8 Could not be	28e. PLACE OF INJUR's building, etc. (Spe	clly)	street, rectory, c	THE	28t. LOCATION (Street City or Town, State)		Tural Houte Number,				
E												
7	29e. CERTIFIER (Check only	CIAN: To the best of my know	vledge, death occurr	ed at the time,	late and place, and d	ue to the cause(e) end ma	nner ee stated.					
COMPLET	oool							euse(e) end manner as stated.				
	2011 SUNANTERS FOR PRESENTING				29c. LICENSE N	IMBEO	204 DATE OF	GNED (Morgh, Day, Year)				
B	AHA GUIN	Marzon	(), neera	^	29C. CLOSE N	7 1/4	290, DATE S	SHED (MORIN, Day, 1681)				
2		IN ICOLUGE			101	100/		(4)				
	30. NAME AND ADDRESS/OF PERSON WIT	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Print)	1 Com	res Min-		61				
	(16) Harriage	160 MAGO	nsterns	my	210	ne MET	2 Men	MU				
	31. DATE FILED (Month, Day,	32. REGISTRABLE SIG	ATURE				(
	APR 04 1991 gul	a carrason 15.16										
								DHMH-16 Rev 1/89				

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	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEAT	3. TIME OF DEATH			
	IRENE ELAINE MAGYAR							APR 13 1991			4:30 P M			
	4. SOCIAL SECURITY NUMBER 5. SEX			MO		IF UNDER 1	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year)		6. BIR Cou	THPLACE (State or Foreign ntry)		
	173-42-3888 1□ № 2 🖫 F			39	39 YRS.					JUN 10		1 PEN	INSYLVANIA	
_	9a. FACILITY NAME (If not in		9b. CITY, 1	TOWN C	R LOCATI	ION OF DE	EATH	9c.	COUNTY OF	OEATH				
5	NATIONAL RESIDENCE OF DEC		MEDICAL	CENTER	}		BI	ETHES	SDA			MON	ITGOMERY	
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?	
F	MARYLAND	FRED	ERICK			MOUNT	ГА	LRY					1 YES 2 NO	
A	10e. STREET AND NUMBER						_	. ZIP COD	E		10g	. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	6713 BALMO	RAL OV	ERLOOK					217	71		UU	NITED	STATES	
5	11. MARITAL STATUS	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED X NO					IIC ORIGIN? (Speci n, Puerto Ricen, et		14. RA	CE — American Indian, ick, White, stc.	
BY	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES		11	☐ YES	2 X NO	Specifi	r:		Sp	WHITE	
	15. DEC	EDENT'S EDUC	CATION	164	. DECEDENT'S	USUAL OC	CUPATIO	ON		16b, KIND O	F BUSINES	I SS/INDUSTRY	***************************************	
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done du	uring mo	st of world	Ing				ries Academy	
7		/	5+	"	BIOLO	GIST				Marci	Onal	risne	ries Academy	
Š	17. FATHER'S NAME (First, M	iddle, Last)						16. MOT	HER'S NA	ME (First, Middle, M	laiden Surna	ame)		
BE	JOSEPH ALB	ERT MA	GYAR					EL	LZABI	ETH ANN	KRIVY	YANSKI		
TO B	19a. INFORMANT'S NAME (7									Route Number, City				
-	ROBERT HUDG		•D •		6713	BALN	10R <i>I</i>	/L 0/	VERL(OOK, MOU				
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	of come	ACE AND DAT	or other ole	ace)					ON — City or		
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENCEE	_ Sn	<u>ii thsbu</u>	rg Cr	cema	tory	y . 4.	-15-91	Smith	hsburg	. Maryland	
	100	QL/	A 1		22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. F						• Fur	Funeral Home		
	Ma	n A	Kube	L M	100703	2703 106 East Church St., Frederick, Md. 2						. Md. 21701		
MEDICAL CERTIFICATION	shock, or heert failure. List only one sause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)													
E	resulting in death) LAST													
2	DADT II Other significant conditions contribution to death but not require in the													
											AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO			
¥	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (C/	neck only one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpetia	nt 3 🗆 DOA	OTHER		10 5 🗆 F	Residence	6 Other (Specif	y)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 X Natural 8 Pending 26e. DATE OF INJURY (Month, Dey, Year)				28b. TII	## Nursing Home 5 Residence 6 Other (Spec ME OF 28c. INJURY AT 28d. OE\$CRIBE LJURY 1 YES 2 NO			28d. OESCRIBE	DE HOW INJURY OCCURED				
D BY	**					home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ш	2 Accident	Pending Investigation Could not ba determined	26s. PLACE	OF INJURY — i , atc. (Specify)	At home, farm,	atreet, facto	ory, offic					Number or Run	al Route Number,	
OMPLETE	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Investigation Could not be determined	26s. PLACE of building	, atc. (Specify) f my knowledg	e, death occur	red at the tir	me, deta	a and plac	e, and due	City or Town, to the cause(a) as	State)	as stated.	al Route Number,	
E COMPLETED	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Investigation Could not be determined FIFYING PHYSI ICAL EXAMINE	26e. PLACE of building	, atc. (Specify) f my knowledg	e, death occur	red at the tir	me, deta	a and places	e, and due ured at the CENSE NU	City or Town, to the cause(a) at time, data and pla	nd manner and du	as stated,		
BE	2 Accident 3 Suicide 6 Suicide 4 Homicide 29a. CERTIFIER (Check only 1 MED) 2 MED 29b. SIGNATURE AND TITLE	Investigation Could not be determined FIFYING PHYSI ICAL EXAMINE OF CERTIFIES	26s. PLACE of building	f my knowledg	e, death occur	red at the tir	me, deta	a and places	e, and due ured at the CENSE NU	City or Town, to the cause(a) as	nd manner and du	as stated,	e(s) and manner as stated.	
ш	2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED	Could not be determined TIFYING PHYSI ICAL EXAMINE OF CERTIFIE F PERSON WH LIBURT	26s. PLACE of building	f my knowledg axamination an USE OF DEATH MC US	e, death occur d/or investigati	red at the tir	me, dete	a and place death occurrence LIC	ce, and due ured at the CENSE NU [2.2 ONAL	City or Town, to the cause(a) at time, data and pla	nd manner (sice, and dui	as stated. Is to the caus d. DATE SIGN AL. CEN	e(s) and manner sa stated. ED (Month, Day, Year)	

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Mary and Same

LEG STRAF

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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Middle, Last) Virginia Milligan MONTH ICLIGAN 2.10 7. DATE OF BIRTH (Month, Day, Year) 02/19/33 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F 58 217-28-4968 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Dorchester General Hospital Cambridge Dorchester RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Dorchester Rhodesdale 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 1, Box 50 21659 U.S.A. hours after death, Page 6 may be retained by the hospital or arganding physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 ND Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married
3 Divorced Specify: White BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEOENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Can Manufacturing filled in by the funeral director, page 5 should be detached on, or removal. Machine Operator 9th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Arthur W. Jones, Sr. Catherine Ruth Reed at notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဥ 1, Box 50, Rhodesdale, MD 21659 Francis Milligan ê 20b. PLACE ANO GATE DF GISPOSITION (Name of cemetary, crematory or other place)
Fastern Shore Vet.Cem.4/16 Hurlock, 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, Stata must Burial 2 Cremetion 3 Ramoval from State

Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY 7 Eskew Framptom-Hawkins-Eskow Funeral Muhael PO Bx 43, Federalsburg, MD 21632 event, the medical Enter the diseases, or complications that course in each line. ehock, or heart fellure. Liet only one cause on each line. Lung Carcinoma 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arraet, intervei Between Onset and Deeth cremation, or **IMMEDIATE CAUSE (Final** 24 disease or condition reaulting in death) an and completely fir to burial, cremation Un DUE TO (OR AS A CONSEQUENCE OF):

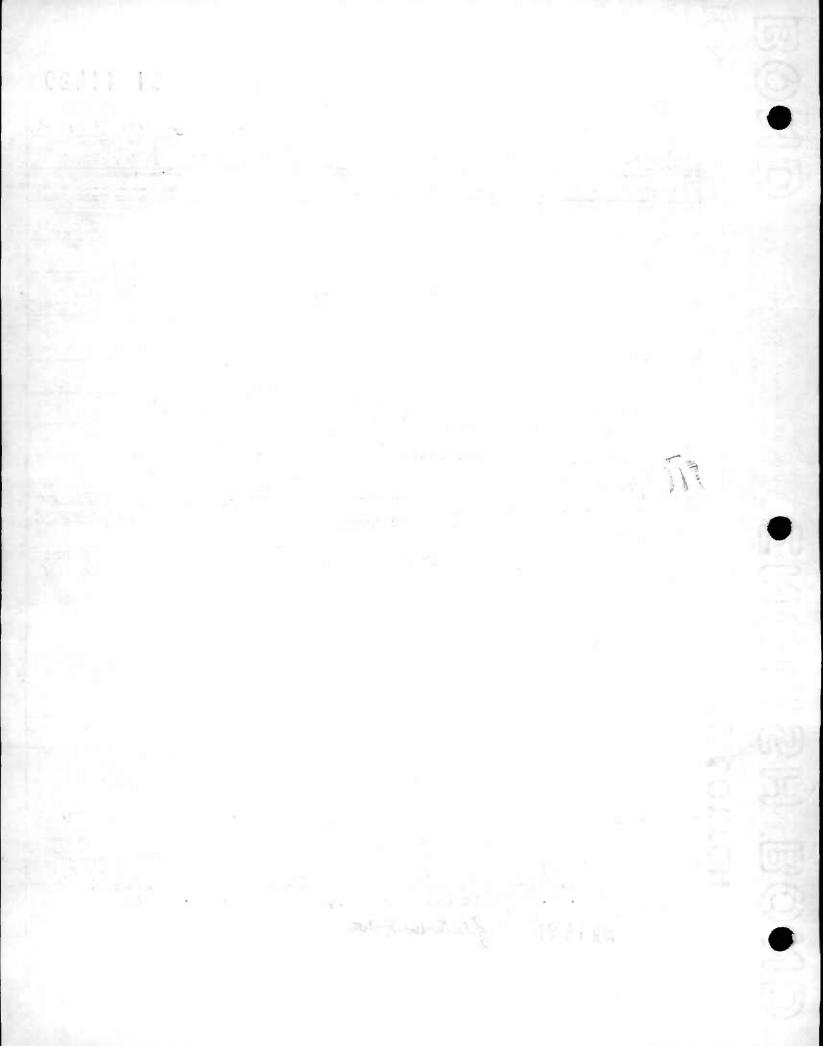
OUE TO (OR AS A CONSEQUENCE OF): Smoking Years 00 traumatic CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING attending physician prior CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, or signed by the atter Health and Mental PART ii. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY that shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO been : PHYSICIAN: certificate has been the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA g Home 5 🗋 Realdenca 6 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED With this 1 Natural 1 YES 2 NO BY After 1 death 2 Accident Investigation ATTENDING 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) DIRECTOR: Aft hours after dea item 28 is n 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be datarmined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: It item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TYTLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Cambridge Md ugl 31. DATE FILED (Month, Day, Ye 32. REGISTRAR'S SIGNATURE . JULY DOWN OS DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH

3. TIME OF DEATH



3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

*white

XX YES 2 NO

Approximata

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 TYES 2 NO

intarvai Betwe

Onset and Deatl

MY

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

USA

Allegany

6:20 A M

2. DATE OF DEATH

FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Lest)

pt. of H this certificate has be with the State Dept. 6 28 is marked, FUNERAL DIRECTOR: After within 72 hours after death TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI be filed within 72 hours at IMPORTANT: If Item 2

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COMPLETED

BE

2

27. MANNER OF DEATH

Natural

3 Suicide

Accident

April 11, 1991 M. MCKENNEY LILLIAN 7. DATE OF BIRTH (Month, Day, Year) 05-22-1920 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 70 1 MXX F MONTHS DAYS HOURS 213-16-9705 YRS. 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Cumber land Memorial Hospital RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE MD Allegany Cumberland, FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 229 Arch Street 21502 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ABMED FORCES? 1 ☐ YES 24 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 1 Never Married 2 Married BY ₩Idowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only high dary (0-12) College (1-4 or 5+) housewife own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Jacob Fresh Sarah Metz notified at 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
216 Arch Street Cumberland, MD 21502 19a. INFORMANT'S NAME (Type/Print) 2 Mrs. Pamela MacDonald must be 20b. PLAÇE AND OATE OF DISPOSITION (Name Davids: "Memorina (dee) Cemetery 20c. LOCATION — City or Town, Btata 4-13-61mberland, MD 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 25 Carpelli Funeral Home Cumberland, MD 21502 the medical 23. PART I. Effer the diseases, or complications that caused tha death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, ock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final diseese or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 0 shows any 1 YES 2 NO PHYSICIAN: 20 mely 23 25. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 VES 2 NO 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
| Impatient 2 | ER/Outpatient 3 | DOA OTHER:

Tolling Gotoming		
tea. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the control of the best of axamination and/or investigation, in many one of the control of the best of axamination and/or investigation, in many one of the control of the con		
SID SHONATURE AND RITKE OF CENTIFIER	29c. LICENSE NUMBER	29d. OATE SIGNEO (Mgnth, Day, Year)

4 🗆 Nun

28c. INJURY AT WORK?

1 YES 2 NO

D 14393

26b. TIME OF INJURY

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

g Home 5 - Rasidence 6 - Other (Specify)

26d, DESCRIBE HOW INJURY OCCURED

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

122 South Centre Street Cumberland, MD 21502 F. Miltenberger

132. HEGISTRAR'S STONATURE

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13146,	
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DIVISION	

		FOR STATE REGISTRAR		/ DEPARTMENT OF H		ENTAL HYGIENE REG. NO.	91 11431
		1. DECEDENT'S NAME (First, Middle, Last)	113.61	Millag T		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. i	last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	4-13	- 9/
		1-11 11 -116	M 2 F	YRS. WONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
N M		9a. FACILITY NAME (If not institution, give street	A - 1 60	·	R LOCATION OF DEAT	yaxen251	90. COUNTY OF DEATH
	R	Fallston, FA	eral Hosp	:400 Fall	Ston		Hastasd
-	5	RESIDENCE OF DECEDENT	create hasp	1 01/18	2 / 00		1100111-100.
Pages	DIRECTOR	11 1 1	C. al	10c. CITY, TOWN OR LOCATE	(1)		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
bermin	- 7	Maryland Hay	D.V.G	101.	ZIP CODE	T.	10g. CITIZEN OF WHAT COUNTRY?
- SS	FUNERAL	4940 Clermon	+ MITI RM:	1	2113	32	USA
physician. burial-transit	3	11. MARITAL STATUS 12	2. WAS DECEOENT EVER IN U.S.			ORIGIN? (Specify Yes	or No.— 14. RACE — American Indian, Black, White, etc.
phy e buri	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	1 YES	city Cuban, Maxican, 2 NO Specify:	Puerto Hican, atc.)	Specify:
as the		15. DECEDENT'S EDUCAT	Torean War	DECEDENT'S USUAL OCCUPATIO	MAI	16b. KIND OF BUSI	NEGO (NIDUOTOV
or afte	ETE	(Specify only highest grade con	mpleted)	(Give kind of work done during most life. Do NOT use retired.)	st of working		
spital o	1	12	College (1-4 or 5+)	Engine	EX	Civi	1 Engineer
retained by the hospital or attending physician. 5 should be detached for use as the burlal-trar nottfled at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		0	18. MOTHER'S NAME	E (First, Middle, Malden S	umame)
d be	W	Howard Will	iam Miller	`	4 1 1 1	1e 5	Hanton
5 should notified	10 B	19a. INFORMANT'S NAME (Type/Print)	AATA) - a	196, MAILING ADDRESS (Street at	nd Number or Rural Rol	ute Number, City or Town,	Stage, Zip Code)
2 8 0		1- ONE \$7 7000	1111/03/				7.10.1130
		20a. METHOD OF DISPOSITION 1 DF Burial 2 Cremation 3 Remova 4 Donation 5 Dother (Specify)	I from State other	CE OF DISPOSITION (Name of cert	1 1 1	0	ATION — City or Town, State
		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE / / /	e Britain tres	ID ADDRESS OF FACIL	Metery TEO	Ch Ephony 1001
death. Pag e funeral die l. examiner		>m HD dela	K. M.	Kurt	z Funer	al Hom	9-1
		23. PART I. Enter the diseases, or con	nolications that caused the	death. Do not enter the mo	de of dylan such	en Jary	etory arreat, Approximate
urs in a		shock, or heart fallure. Lis	t only one cause on each il	ine.	de of dying, addit	aa cerdiec or reepir	interval Batween Onset and Death
y fille trion,		IMMEDIATE CAUSE (Final disease or condition	Prograple	11 noor	01	Blud	Onset and Death
d within ompletel i, crema event,		resulting in death) a	DUE TO (OR AS A CONS	SEQUENCE OF:		100-01	due to
	z	b.	Cardio	pulmo	vy C	west	and to
e be execut sician and c nior to burie traumatic	일	Sequentielly list conditions, if any, leeding to immediate	DIE TO (OR AS A CONS	SEQUENCE OF):		1 = +	
icate be physicia ne prior	2	CAUSE (Disease or Injury	OUE TO (OR AS A CONS	SECULENCE OF:	ne	rasia	sized.
h certificat anding phy Hygiene p or other	CERTIFICATION	that initiated events resulting in death) LAST	00E 10 (011 N3 N E011)	WIF 3	ever	ane	nia!
	S	d					
at the dear by the att and Menta y injury,	CAL	PART II. Other algnificant conditions	contributing to death but no	ot resulting in the underlying	g cause given in P	art i. 24a. WAS AN A PERFORI	MED? AVAILABLE PRIOR TO
es thi igned ealth	MEDIC					1 YES 2	,,
requires theen signed of Health	Σ					-	1 TYES 2 NO
has b Dept.	AN	25. WAS CASE REFERRED TO MEDICAL		26, PL	ACE OF DEATH (Chec	k only one)	
IN: The ficate h State I	SIC		IOSPITAL:	OTHER:	e 5 Residence 8		
PHYSICIAN: The law requires the this certificate has been signed with the State Dept, of Health riked, or Item 23 shows an	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURED
NG PHYS fter this ceath with marked	ВУ	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES 2 NO		
ENDIN IR: Aft er de:		3 Suicide 8 Could not be	28a. PLACE OF INJURY — At building, stc. (Specify)	home, farm, streat, factory, office	•	281. LOCATION (Street ar City or Town, State)	nd Number or Rural Route Number,
L DR ATTENDING PHYSICIAN: The law requires the L DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health item 28 is marked, or Item 23 shows an	ETE						
# 24 A	COMPLETE	anal		, desth occurred at the time, data			
HOSPITAL FUNERAL I WITHIN 72 H	00	Z MEDICAL EXAMINER:	On the basis of examination and	or investigation, in my opinion, d	leath occured at the ti	me, data and place, and	dua to the cause(s) and manner as stated.
王 王 是 克	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	nar HI)	29c, LICENSE NUME	BER	29d. DATE SIGNED (Month, Day, Year)
5 5 3 M	2	30. NAME AND ADDRESS OF PERSON WHO		ITEM 27) (Kenn Brief)			1118111

212

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ann & Sman To 21

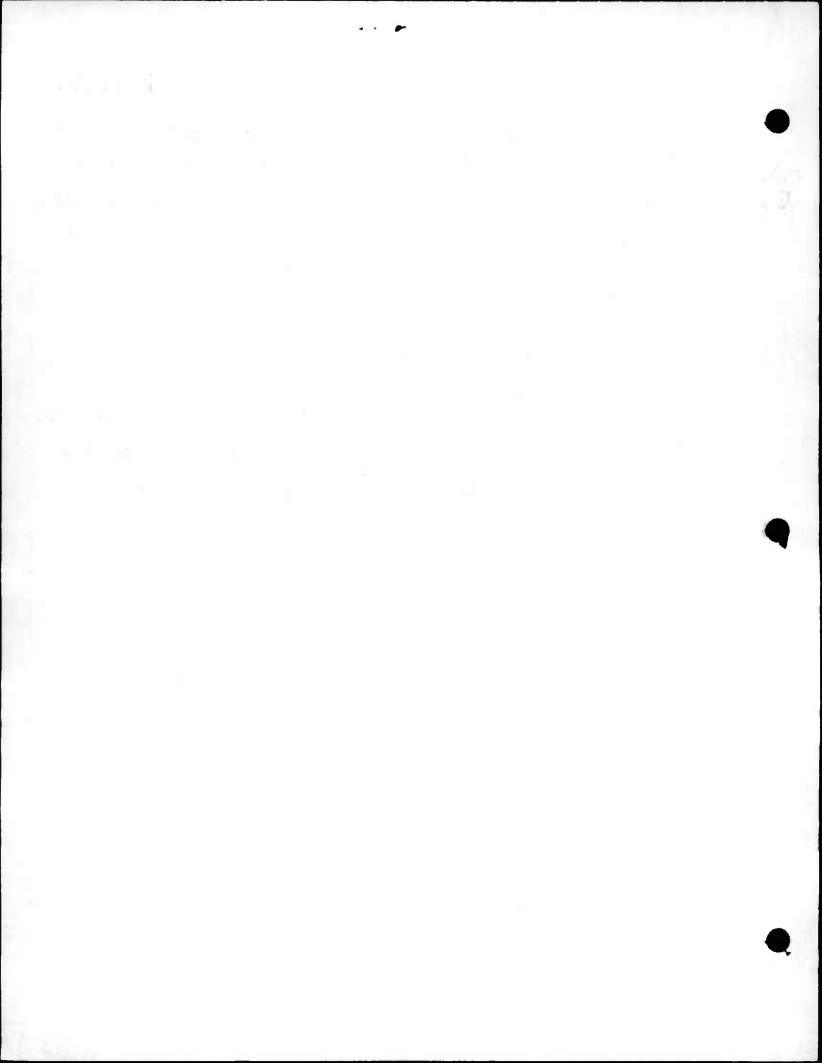
31. DATE FILED (Month, Day

APR 16'91

32. REGISTRAR'S SIGNATURE
Julia Lavidson-Randall

11431

91



examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s tuneral director, page 5 should be detached. J.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache for filled within the State Dept. of Health and Mental Hygiene prior to truthal, crematorly, or remove, or the property of the product of th
death. Page 6 may be retained by the host	TO THE HOSPIAL OR ATTENDED PHYSIALS IN MINISTERS IN MACHINES THE RECOLUMNING THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP THE HOSPIAL OR ATTENDED THE TOP T

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH		YEAR 3	TIME OF DEATH
	DOROTHY MAE	MARTIN								_10	199	1	11:54 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is	st birthday)		1 YEAR	IF UNDER		7. DAT	E OF BIRTH		6. BIRTHPL	ACE (State or Foreign
	219-14- 6 716	1 🗆 M 2 💢 F	69	YRS.	MONTHS	DAYS	HOURS	MIN,	01	-16-19	922	Country)	RYLAND
	9a. FACILITY NAME (If not institution, give at	rest and number)			9b. CIT	, TOWH C	R LOCATI	ON OF DE	HTA		9c. COUN	TY OF DEA	
E	MEMORIAL HOSE	TTAT.	DOA		CI	IMRI	ERLA	ND			Σ Δ Τ.1	LEGA	NV
5	RESIDENCE OF DECEDENT		DOM	_				110			214,		
DIRECTOR	MARYLAND ALLE	GANY			MBE								INSIDE CITY LIMITS? YES 2 NO
₹	10e. STREET AND NUMBER					101	ZIP COD				10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	ROUTE 1, BOX	119 – C	CASH VA	LLE	Y RD).		2150	2		U	SA	
5	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMEO						IN? (Specify Yea	or No-	14. RACE -	- American Indian, Vhite, etc.
À	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	, NO			2∭ NO			o Rican, etc.)			WHITE
삗	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEOENT'S	USUAL O	CCUPATIO	ON st of working	na	.10	Bb. KIND OF BUS	INESS/IND	JSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of b. Do NOT u	se retired.)	carrig mo	at or morning						
<u>=</u>	12		H	ouse	wife	e				Own I	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	, Middle, Maiden	Sumame)		
BE	GEORGE LEWIS K	EIDEL,	SR.				N	ELL	ΙE	FRESH			
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street a	nd Number	r or Rural I	Route Nu	mber, City or Town	n, State, Zip	Code)	
임	JOHN C. MARTIN	, SR.		ROUT	E I	, BC)X 1	19,	CU	MBERLA	AND.	MD	21502
	20a. METHOD OF DISPOSITION 1 1	and the world	20b, PLACE	OF DISPO							CATION C		
	4 Donation 8 Other (Specify)	Wal from State	RES	TLA	WN I	MEM.	GA	RDE	NS	LAV	VALE	, MD	
21. SIGNATURE OF FUNGINAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Douglas A	. Haf	Cel							of the			21502
	23. PART I. Enter the diseases, or of shock, or heart failure.	omplications the	caused the d	leath. Do	not anta	r the mo	de of dy	ing, suc	h aa ca	rdiac or reapi	ratory arre	eat,	Approximata
- 1	IMMEDIATE CAUSE (Fine)	ciat only one car	nad ou sacu in	ie.									Interval Between Onset and Death
	disease or condition resulting in death)	Myoc	ardial	Inf	arc	tio	n						5 min
	DUE TO (OR AS A CONSEQUENCE OF):												
z	Coronary Artery Disease												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	EQUENCE C	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	.											
E	that initiated events	DUE TO	(OR AS A CONSI	EOUENCE C	F):								
	resulting in death) LAST	1											
	PART II. Other significant condition	a contribution to	death but not	regulting	In the se	a da shala		eluan la	Don't I	24a, WAS AN			
<u>₹</u>	TAIT III OUTST SIGNIFICANT CONTINUOUS	e continuently to	Cauti but not	resulting	an tria u	ruariyin	y cause	diaeu iu	Part I.	PERFOR	MEO?	A	ERE AUTOPSY FINDINGS
ă										1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?
×												1	☐ YES 2 ☐ NO
ä													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only	one)			
YSI	1 X YES 2 NO	1 Inpatient 2	ER/Outpetient	3 DOA			0 8 🗆 R	esidence	8 🗆 Ot	her (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. Till IN	ME OF JURY	28c. INJ WC	URY AT		28d. D	EŞCRIBE HOW II	NJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 [□ NO					
III a District I 288 PLACE OF INJURY — At home farm street factory office I 281 I OCATION (Street and I									and Number	or Aural Rou	rte Number,		
COMPLETED	4 Homicide determined												
P	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, o	death occur	red at the	time, date	and place	, and due	to the o	cause(s) and mar	ner as state	id.	
No.	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/o	r investigati	on, in my	opinion, d	leath occu	red at the	time, da	rte and place, an	d due to the	cause(s) a	nd manner as stated.
	29 SIGNATURE AND TITLE OF CERTIFIER	1					29c. LIC	ENSE NUI	WBER		29d. DATE	SIGNED /A	fonth, Day, Year)
H	Violen : 1100 -	tal						D 0		8), 1991
2	30 NAME AND ADDRESS OF PERSON WH	V									A)T • T(); 1331

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

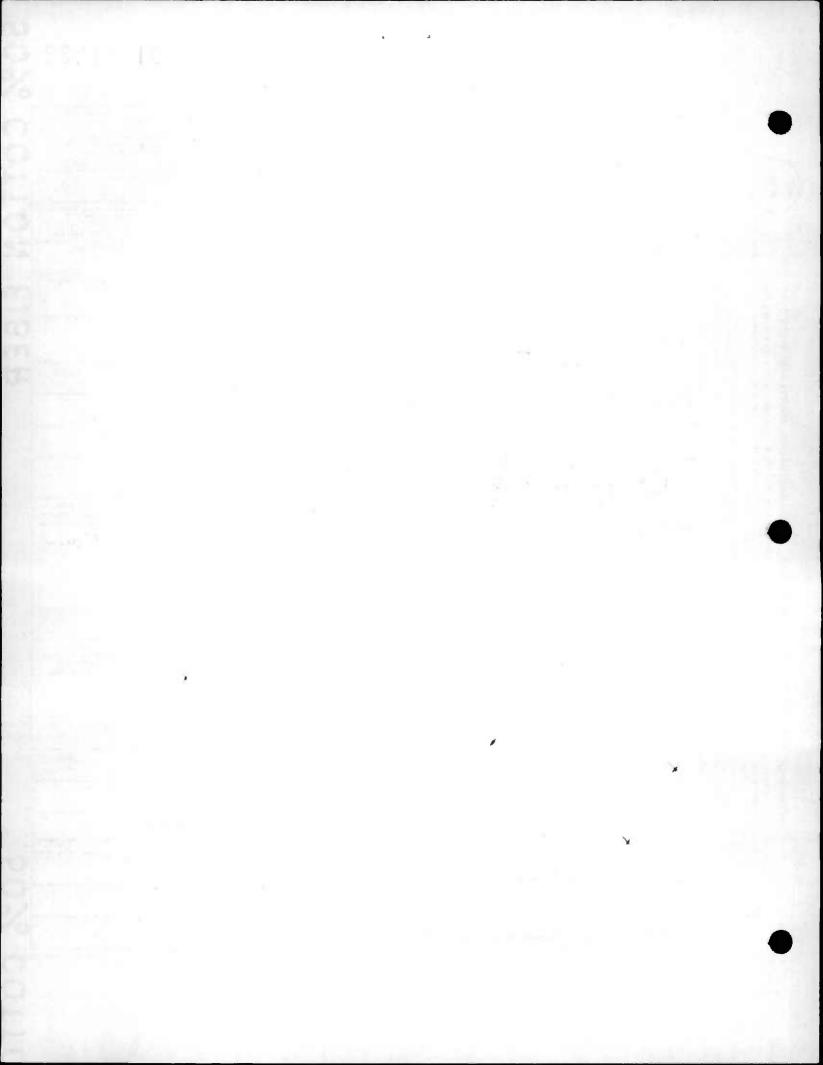
900 Seton Drive,

Mastrangelo

Cumberland,

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MD 21502



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH WAVERLY urphi 1530 CHALEY April 99 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 228-14-7646 1 | M 2 | F YRS. I, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY INC. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO comic 100. STREET AND NUMBER 101. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: page 5 should be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify onlyduring most of working Elementary/Secondary (9-12) College (1-4 or 5+) Icomica Counte AnitAtion Sold Waste 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden St. ohr Ħ notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 2 xalisbury mod dred å 20b. PLACE AND DATE OF DISPOSITION (Name of denetary prematory or other place) 20a. METHOD OF DISPOSITION DATE 20c. LOCATION - City or Town, State examiner must Buriel 2 Cremation 3 Removal from State filled in by the funeral director, on, or removal. 4 Donation 5 Other (Specify) Memorial 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Salistury. me medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert feilure. Liet only one ceuse on each line. Approximate Interval Betw **Onaet end Deeth** IMMEDIATE CAUSE (Finei cremation, event, the disease or condition_ Cerebrouscular accide and completely within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed burial, o Athorne Corotic carerous u nerteusive other traumatic CERTIFICATION aur Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): lar disanse signed by the attending physician at Health and Mental Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING pe certificate CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 death o 23 shows any injury, PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS the MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? ra chackeophaceo requires that 1 TYES 2 TOMO 1 TES 2 NO 6 certificate has been PHYSICIAN: Dept. WE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item State OTHER: 1 YES 2 THO etlent 2 - ER/Outpatient 3 - DOA PHYSICIAN: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, with this 1 Natural 1 YES 2 NO death \ DIRECTOR: After the hours after death BY DR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is n 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a 29s, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: Office basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner as stated. TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE 686 - MD. 2 THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GEER GALIFIANAKIS, AVE, 32. BEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 19

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Q

VEAD

3. TIME OF DEATH

REG. NO.

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

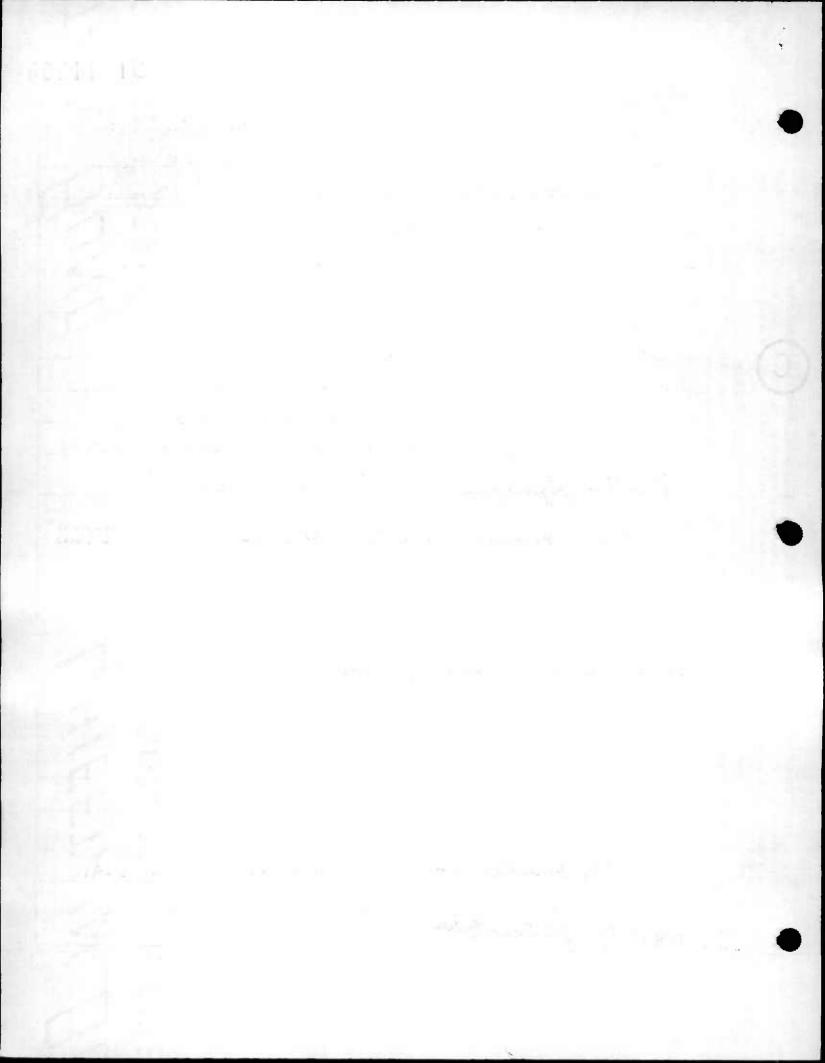
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DIVISION OF VITAL RECORDS, F.O. DOA 13149,	16	Deplas	23
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ex
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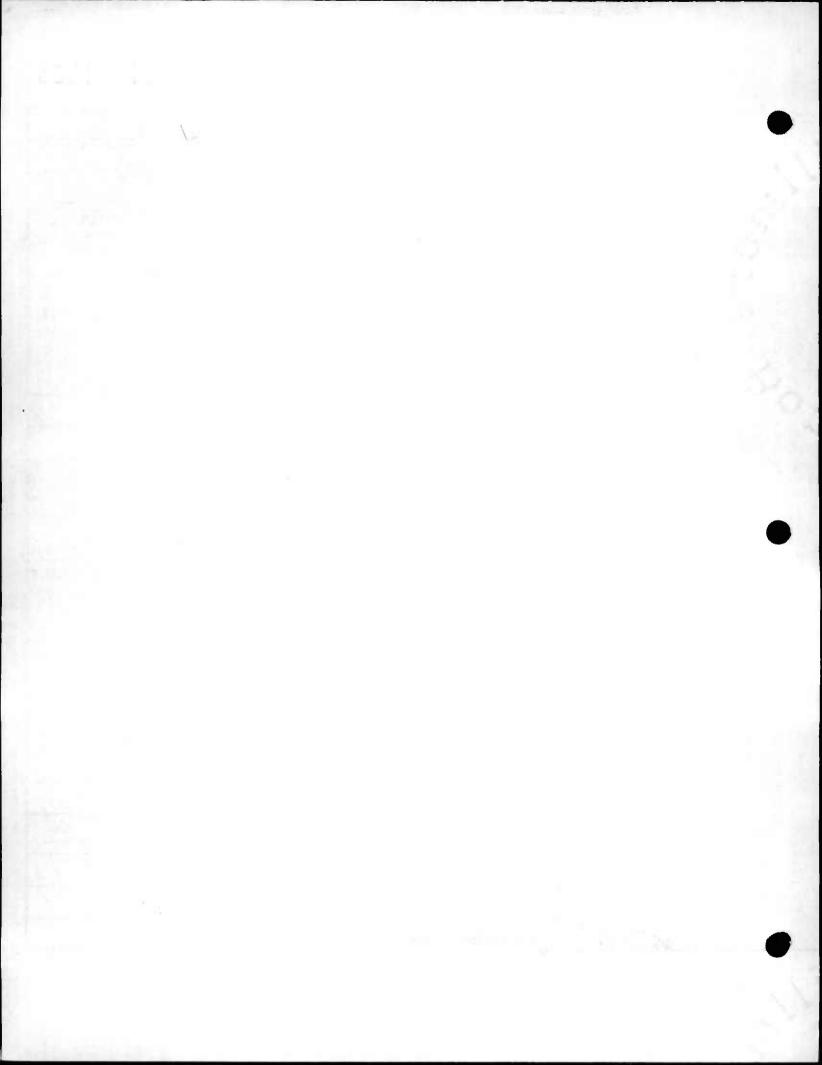
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CER	FIFICATE	E OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT	'H DAY	VEAD	3. TIME OF DEATH
	Bradley Wil	lliam Nor	ris				April	12, 199	1 YEAR	8:30 Am
			AGE (In yrs. last birth	iday) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI	1		IPLACE (State or Foreign
	214-05-8515			RS. MONTHS	DAYS	HOURS MIN.	July 15	, 1915	Countr	yland
	9e. FACILITY NAME (If not institution, give street		/ 3	01 0171	, TOWAL	OR LOCATION OF DE		,	INTY OF D	
~							AIH			
Ö	Residence - 192 Gre	<u>eenway Dr</u>	<u>rive</u>	FY	ede:	rick		FY	reder	ick
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100	CITY, TOWN (OR LOCA	TION				10d. INSIDE CITY
<u>E</u>										LIMITS?
9	Maryland Freder	rick		Freder	7					1 XXYES 2 NO
₹	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CI		VHAT COUNTRY?
FUNERAL DIRECTOR	192 Greenway Drive					21701	1,005		US	A
5		. WAS DECEDENT EV FORCES? 1 XX	ER IN U.S. ARMED			ENDENT OF HISPAN			14. RACE	— American Indian, c, White, atc.
	1 Never Merried 2 Merried	IF YES, GIVE WAR	OR DATES			2 X NO Specify)	Speci	thy:
B	3 XWidowed 4 Divorced	World Wa	ir II		Wh					White
	15. DECEDENT'S EDUCATI (Specify only highest grade com			ENT'S USUAL O			16b. KIND O	F BUSINESS/IN	OUSTRY	
<u> </u>		College (1-4 or 5+)	life. Do l	VOT use retired.)	ouning in	ist of working				
립	10	Company State	End	gineer			Ra	ilroad		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			70		18. MOTHER'S NA	ME (First, Middle, M		-	
Ö	Everette Earl Brad	dlay Norr	ric				e Penner			
H	19e. INFORMANT'S NAME (Type/Print)	JIEY NOT	. 6.	II ING ADDRES	& /Chant	and Number or Rural i			In Code)	
2			1200							0
	Sue Ann Gillespie					Court -				
	20s. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Removal	from State	other plecel			metery, crematory or		c. LOCATION -		
	4 Donation 5 Other (Specify)		Sphors					<u>Berkele</u>	ey Sp	rings, WV
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22.	NAME A	ND ADDRESS OF FA	CILITY FUN	nal He	omo	
	▶ B1 4+	1							Jille	
	Would BIN	Rine				pers Ferr				1 1 1 1 1 1 1 1 1 1 1
	23. PART I. Enter the diseases, or comehock, or heart failure. List			Do not enter	r ina m	oae or aying, suc	n es cardiac or	reapiratory a	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final									Onset and Death
	disease or condition resulting in death) s	METASTA	ric RE	NAL CI	FLL	CARCIN	oma			6 WEEKS
			AS A CONSEQUE							
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	ICE OF):						
§	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUE	ICE OF):						
1	resulting in death) LAST									
핑										
EDICAL	PART II. Other significant conditions of			- 3 - 1 1 1 1 1 2 3				REFORMED?	Y 246	AVAILABLE PRIOR TO
ਹੁ	Cyponic OBSTRU	crive Pu	1-man A	y Dis	ens.	£		ES 2 X NO		COMPLETION OF CAUSE OF DEATH?
				1				K		1 YES 2 NO
Σ			-							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20 5	LACE OF DEATH (Ch	neck only one)			
$\overline{\mathbf{c}}$	EXAMINER?	IOSPITAL:		OTHE	R:					
YS		□ Inpatient 2 □ EF				ne 5 X Residence				
H	27. MANNER OF DEATH	(Month, Day,	Year) 26	b. TIME OF INJURY	W	JURY AT ORK?	28d. DEŞCRIBE I	HOW INJURY O	CCURED	
ВУ	1 X Natural 8 Pending 2 Accident Investigation			М	1 🗆	YES 2 NO				
ED	3 Buicide 8 Could not be	28s. PLACE OF IN building, atc.	IJURY — At home, (Specify)	farm, street, fac	ctory, off	ce	28f. LOCATION (S City or Town,		er or Rural	Route Number,
TE	4 Homicide determined							10.5		
COMPLET	29a. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the heat of my	irnowledge death	nonumed at the	time de	e and place, and du	to the cause(s) as	d manner es s	totad	
M	(Check only one) 2 MEDICAL EXAMINER: (The state of the s								a) and manner as stated
8	- 0	DIT 1110 - 0010 01 0.2.		Augustoci, in this	оринон,	are the country at the	time, data erro pri	ca, and dde to	Tille Cadast	a) and morner as autoc.
ш	29b. SIGNATURE AND TITLE OF CENTIFIER	. 0.	. 0			29c. LICENSE NU		29d. D/	ATE SIGNE	D (Month, Day, Year)
0 8	0400	me	- Mrs			2200	188		4-1	12-91
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE	OF DEATH (ITEM 27	(Type, Print)						
	James Roessler, M.	D S.	Church	& Fran	klir	Streets	- Middl	etown.	MD 2	21769
	31. DATE FILED (Month, Day, Year)	32 BEGISTRAR'S	SIGNATURED.							· · · · · · · · · · · · · · · · · · ·
	APR 1 6 1991 Ful	ab Davidson-	- Marlana							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27

•	1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND I F DEATH	MENTAL HYGIENI REG. NO.			
		SARELLE BLAN				2. DATE OF DEATH	_	VEAR	3. TIME OF DEATH
	Isabell	D		Nove	chorr	April 2	0	YEAR 91	7:00 a.m
			rrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHE Country	PLACE (State or Foreign
	220-03-0391	□ M 2 □ 1 80	YRS.			Sept. 8, 1			yland
œ	9e. FACILITY NAME (If not institution, give street				N OR LOCATION OF DE	EATH		NTY OF DE	
5	Washington County	Hospital		Hagers	town		Wast	hingt	on
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
	Maryland Washing	ton	Hag	erstown					TYX YES 2 - NO
3AL	10e. STREET AND NUMBER				101. ZIP CODE		1		HAT COUNTRY?
FUNERAL	897 West Washington	1 Street 2. WAS DECEDENT EVER IN U.	2 40MED	I so was r	21740	NIC ORIGIN? (Specify Yea		.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 XXWidowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 X NO	If yes,	apecify Cuben, Mexica 'ES 2 X NO Specify	an, Puerto Rican, etc.)	1 OF HU-	Black, Specifi Whi	
	1a. DECEDENT'S EDUCATE (Specify only highest grade com		(Give kind of	USUAL OCCUPA work done during		16b, KIND OF BUS	SINESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Illa. Do NOT u	Give kind of work done during most of working la. Do NOT use retired.)					
COMPLETED	12		Housew	lie	40 1107115010 111	AME (First, Middle, Maiden	Our amal		
	17. FATHER'S NAME (First, Middle, Last) Samuel H	н.	Sta	ubs	Maude	Blanche		Sp	orecher
TO BE	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tow			
۲		oss, Jr.				St., Hager			
	20e, METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	if from State St	ther place) Pauls	S Cemete	cemetery, cremetory or ery	1	arspr		
	21. SIGNATURE OF FUNERAL SERVICE LICENS				AND ADDRESS OF FA				
	* (Kolut B)	lackin		415		Blvd., Ha		town,	Maryland
	23. PART I. Enter the disease, or com								Approximete
	ehock, or heart fallure. List only one ceuse on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. (Ute) Chronic Ronal Failure 5 days								
TION	Sequentially list conditions, if any, laeding to immediate Due to (or as a consequence of): Due to (or as a consequence of):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.								
	PART II. Other aignificant conditions of	contributing to death but	not resulting	in the underl	ving cause given in	Part I. 24s, WAS AN	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL	Multiple	C1 11	with		vecsive	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME			W	Po Kh	IH				OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (C	hack and and			
SICI	EXAMINER?	HOSPITAL:	Hant 1 DOA	OTHER:					
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TII	ME OF 28c.	Home 5 Residence	28d. DESCRIBE HOW	INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	WORK?				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify		street, fectory, o	office	28f. LOCATION (Street City or Town, State		er or Rural I	Route Number,
LET	290. CERTIFIER	AN: To the best of my knowled	dae deeth occur	rrad at the time	dete and place, and de	us to the councies and mu	anner se et	ntad	
COMPLETED	(Check only	On the basis of examination a							e) end manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	170 Pm	and fl	mesica	29c. LICENSE NO	4359	29d, DA	TE SIGNED	(Morth, Day, Your)
ř	Robert Ry	COMPLETED CAUSE OF DEAT	459	POTO!	mac Ave	. Ka	gev	12	Tur
	app 23 91	32. REGISTRAR'S SIGNAT	fandell.			,	V	1	



TO BE COM		TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	ent, the medical	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	cremation, or remove	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to build, cremation, or removal.
he funeral director, page 5 mant be effeche	pletely filled in by th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and the funeral director, page and the funeral director.

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Johanna (_ouise	Oliver			2. DATE OF DE MONTH April	7, 199	1	3. TIME OF DEATH 9:00 P. M	
	4. SOCIAL SECURITY NUMBER 361-14-4049	1 🗆 M 2 💢 F	65 YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		7,192	5 II	llinois	
TOR	96. FACILITY NAME (If not Institution, give street and number) Holy Cross Hospital Silver Spring Montgomery									
IREC	10e. STATE 10b. COUNTY	gomery		TOWN OR LOCAT	ON	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
RAL	100. STREET AND NUMBER 4203 McCain Ct.	30.moz y	1,701	10f.	ZIP CODE			S.A.	WHAT COUNTRY?	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1	ER IN U.S. ARMED VES 2 NO PR DATES						CE — American Indian, ck, White, etc. White		
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S I	NT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/II					MITCE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+)	(Give kind of wildles Do NOT use		t of working		Own Hom	ie		
SON	17. FATHER'S NAME (First, Middle, Last) John Louis Kramer		18. MOTHER'S NA							
BE	JOHN LOUIS Kramer Helen Marie Mueller 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, Status									
2	William Albert Ol	iver. Jr.		as # 10	na number or numer i	Houte Number, Cit	ly or lown, State,	ZID Code)		
	20e. METHOD OF DISPOSITION 1 General Description 4 Donation 6 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION							r Spring, Md.	
	21. SIONATURE OF FUNERAL SERVICE LIC		00827	22. NAME AN Rapp	Funeral	Service Si	ces, P.	A.	g, Md. 20910	
	23. PART I. Enter the disasses, proshock, or heart feilure. I IMMEDIATE CAUSE (Finei disasse procondition resulting in death)	List Dnly Dna cause D Shb	on each line.	ot anter the mo-					Approximate interval Between Onset and Desth	
NO	DUE TO (OR AS A CONSEQUENCE OF): MAUGUST B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								18 maithe	
EDICAL CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	V					7 years		
CEF	d									
MEDICAL	PART B. Other aignificant condition	s contributing to dea	th but not resulting i	n the underlying	j cause given in		WAS AN AUTOP PERFORMED? YES 2 NO		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL			2015						
SICI	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	ACE OF DEATH (Ch		nc/hr)			
Y PHYSICIAN:	27, MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU	JRY 26b, TIMI	E OF 26c. INJ			E HOW INJURY	OCCURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, a (Specify)	treet, factory, offic	,	261. LOCATION City or Tow	(Street and Nur vn, State)	nber or Rura	I Route Number,	
COMPLETED	cool com	CIAN: To the best of my i							e(e) end menner ee stated.	
BE	296-SIGNPATURE AND TITLE OF CONTIFIES	file.	ans		02/46	MBER	29d.	DATE SIGNE	ED (Month, Day, Year)	
T0	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	9 SX, N.	w. was	ling for	N. 2	00 10		
	31. DATE FILED (Month, Day, Year) APR 1 2 91	32 REGISTRAR'S Julia David	SIGNATURE	******						

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MARY					EALTH AN DEATH	D	MENTAL HYGIE				
1. DECEDENT'S NAME (First	, Middle, Last)						94-51		2. DATE OF DEATH	DAY	VEAD	3. TIME	OF DEATH
YVONNE L	ENORE O	LSEN							April	14 1	991	12:	45 a. m
4. SOCIAL SECURITY NUME	BER		E (In yrs. lest b		IF UNDER		IF UNDER 24 HF		7. DATE OF BIRTH		8. BIRT		State or Foreign
579 16 92	84	1 □ M 2 🏋 F	74	YRS.	MONTHS	DAYS	HOURS MI	N.	(Month, Day, Year) March 8	191		ryla	nd
9e. FACILITY NAME (If not in	nstitution, give stre	et end number)			9b. CITY,	TOWN O	R LOCATION O	F DE	ATH	9c. CO	UNTY OF	DEATH	
CARRIAGE		THESDA			BI	ETHE	SDA			MOI	NTGON	1ERY	
RESIDENCE OF DEC	10b. COUNTY			10c. CITY	TOWN O	B LOCATI	ON					I 10d INS	SIDE CITY
Maryland	Monte	comery					ring					LIM	IITS?
10e. STREET AND NUMBER		,				-	ZIP CODE			10a, CI	TIZEN OF	WHAT COU	
Charter H	ouse,	Fenwick 1	Lane				209	1	5	-	S.A.		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES											ntc.		
	EDENT'S EDUCA			EDENT'S U			N It of working		16b. KIND OF				
Elementary/Secondary (I		College (1-4 or 5+)	He. D	Do NOT use	retired.)					al C	onf.	. of	S.D.A.
12		4	Adi	nini	Lstr	ati	ve As	38:	istant				
17. FATHER'S NAME (First, M	fiddle, Last)								ME (First, Middle, Maid				
Mahlon		1					Lyd	1a	Christ	ense	n		
19a. INFORMANT'S NAME (1			19b. 1	MAILING	Gro	(Street as	nd Number or R	tural F	ay, Roc	lown, Stete, 2	lp Code)	MD	20852
20e. METHOD OF DISPOSIT		2	Ob. PLACE OF			-	etery, crematory	_		LOCATION -			
1 Donation 5 Other		rat from State	other place	e)			remat			exan			
21. SIGNATURE OF FUNERA	AL SERVICE (CE	NSEE					D ADDRESS O			202	T110		
> Duce	MAG	lark				1AK 254	Carr	ol	ERAL HO	W. W	ash:	ingt	on DC
23. PART I. Enter the d	liseases, or co	mplicationa that caus	ed the deaf	th. Do no								Ap	pproximata
Shock, or h		at only one cause on	each line.										terval Between
disease or condition resulting in desth)	→	HALLA	LALAC	TIME	SILA	1	14 /87	MI				Z	511/2
reauting in destri)	a.	DUE TO (OR AS	A CONSEOU	NENCE OF	1	_0_1	1	1 0	1				- gra
Concessed Processory III. Control	- b	TOTA	1240	125	127	70 6	tost	W)	0			4	two=
Sequentielly list condit if sny, leeding to imme		DUE TO (OR AS	A CONSEOU	ENCE OF):				1				1)
cause. Enter UNDERLY CAUSE (Disease or Inju													
that initiated events resulting in death) LAS		DUE TO (OR AS	A CONSEQU	ENCE OF):								
resulting in death) EAC	d.				_							<u> </u>	
PART II. Other signifies	ant conditions	contributing to death	but not res	sulting in	n the un	derlying	Ceuse give	n in	Part i. 24a. WAS	AN AUTOPS	Y 24	b. WERE AL	UTOPSY FINDINGS
Al	toh	PIMILE.	alur	124	0					FORMED?			LE PRIOR TO
									1 YES	2 1		OF DEAT	
									- 4			1 📙 16	S 2 NO
25. WAS CASE REFERRED	PO MEDICAL					26. PL	ACE OF DEATH	1 (Ch	eck only one)				
EXAMINER?		HOSPITAL:	utgatient 3		OTHER	34	Wester		6 Other (Specify)				
27. MANNER OF DEATH		26e. DATE OF INJUR	γ [28b. TIME	OF	26c. INJ	JRY AT	THE W	28d. DESCRIBE HO	W INJURY O	CCURED		
	Pending	(Month, Day, Yeer	'	INJU	JRY M	1 \ Y		0					
2 Accident 3 Suicide	trivestigation Could not be	26e. PLACE OF INJU	RY — At hom	e, farm, s	treet, fect	ory, office			26t, LOCATION (Stre	et and Numb	oer or Rural	Route Nurr	nber,
4 Homicide	determined	building, etc. (S)	secity)						City or Town, St	ate)			
29e. CEHTIFIER (Check only	TIFYING PHYSIC	To the best of my lune	owledge, deat	ih occurre	d at the ti	me, date	end place, end	due	to the cause(e) end	manner as a	tated.		
- character		on the basie of examinat										(e) end ma	nner ee stated.
SES. SIGNATURE RED THE	E OF CHRTIFIER	*					29c. LICENSE	NUI	MBER	29d. D.	ATE SIGNE	Q (Month, L	Day, Year)
Jaul	1	V 1-11 8	M	7			DO	5	471	•	14+	to	91
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type,	Print)			-	()			V	- Y
24 DAYE EN EN CO		Landana											
APR 15	"9"1	32 MEGISTRAMS, SK Juha Dayd	SNATURE SOM	doll.							A		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	Joval
in 24 hours a	ely filled in by	lation, or rem
xecuted within	and complete	bunal, crem
ertificate be e	ng physician	Diene Drior to
the death ce	the attendir	d Mental Hw
requires that	en signed by	of Health an
IN: The law	ficate has be	State Deot.
NG PHYSICIA	fler this cert	eath with the
DR ATTEND	DIRECTOR: A	hours after d
IE HOSPITAL	IE FUNERAL	d within 73
17 TH	HT CT	he file

91 11438 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MOLLIE M O'DONNELL 3. TIME OF DEATH Donnel 9/ 5.45Am Mollie 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 2448195 1 M 2 D YRS. TENN. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOWARD CO DIRECTOR 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD Howard Columbia iXXYES 2 □ NO FUNERAL 10e. STREET AND NUMBER 10f. 7JP CODE 100. CITIZEN OF WHAT COUNTRY? 5937 Harpers Farm Road 21044 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 K NO 1 Never Merried 2 Merried Specify: В 3 🖾 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) COMPLET Elamentary/Secondary (0-12) College (1-4 or 5+) Homemaker Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clyde Allen Flora Allen 19a. INFORMANT'B NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Madge Armstrong 113 Pine Valley Dr., Medford, NJ 08055 20a METHOD OF DISPOSITION
1 D Burial 2 Cremation 3 H 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State St. Louis Cemetery 4 Donation 5 Dother (Specify) Clarksville. 21. SIGNATURE OF HUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home Mus M00535 Ellicott City, Maryland 21043 23. PART I. Enter the diseases, or/complications that caused the deeth. Do not enter the mode of dying, auch se cerdisc or respiratory arrest, shock, or heert felium. List only one cause on each line. Approximate interval Between Onset and Death IMMENIATE CAUSE (Final disease or condition resulting in deeth) Malia nary IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, DUE TO (OR AS # OUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 | NO 1 | YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 286. TIME OF INJURY 1 Natural 5 Pending M 1 YES 2 NO

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of aximmention and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

LEVED CAUSE OF DEATH (ITEM 27) (Type, Print)

La au 01 1 ca

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 0 8 '91 whice Davidson

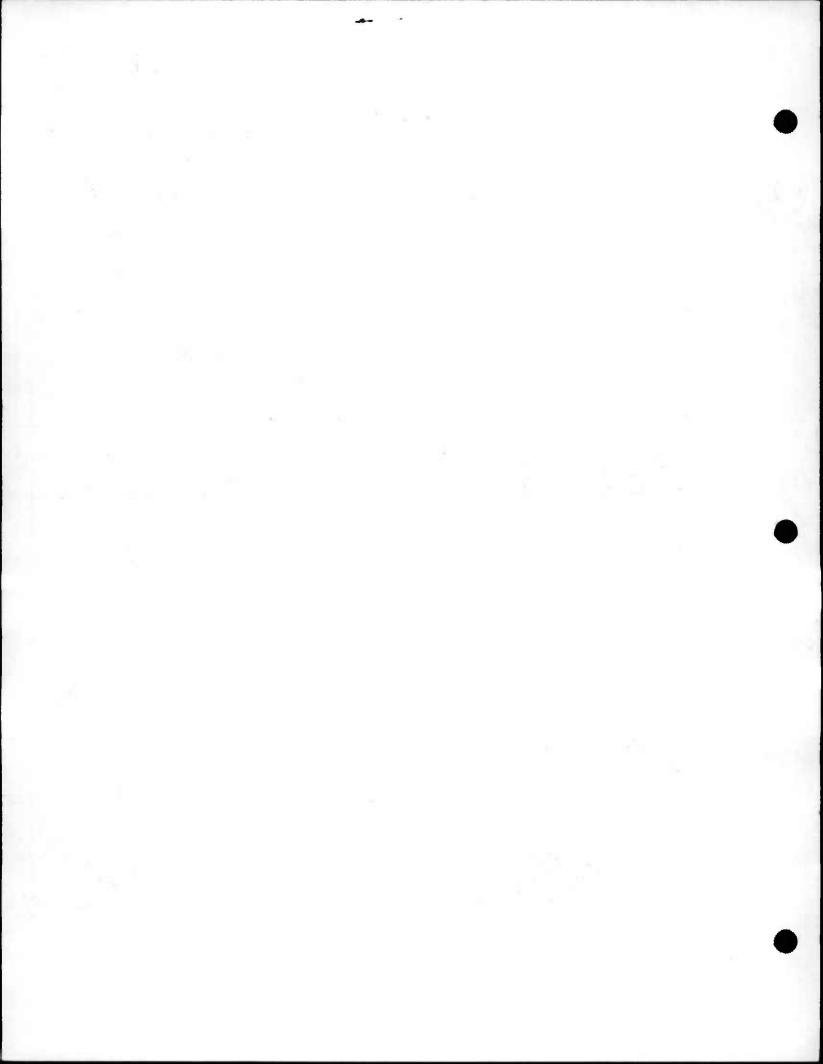
Investigation

8 Could not be

DHMH-18 Rev 1/89

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

unb



DHMH-18 Rev 1/89

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ORE	е 6 та	ector, p		must
BALTIMORE, I	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within prous after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be in
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	urs afte	in by t	remov	edica
	3	Filled	10H, 0	the m
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	be exe	ician ar	101 101	rauma
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	2	2	90	W

1. DECEDENT'S NAME (First, Middle		Outel O	20		2. DATE OF DEATH	YEAR	3. TIME OF DEATH	
MARIOR		PHELP			7 16	9)	5 PM	
4. SOCIAL SECURITY NUMBER 215-32-92	98 1 M 2 F	91 YRS. MC	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1960	MARYLAND	
9a. FACILITY NAME (If not Institution	TER NVR. 4			OR LOCATION OF DEA		9c. COUNTY OF	DEATH OF A COLL	
RESIDENCE OF DECEDE 10a. STATE HD 10b. 10b. 10b. 10b. 10b. 10b. 10b. 10b.		CONT, -11	· W	ESIM	INS 1504	- 611	7212000	
10e. STATE 10b.	COUNTY		OWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	PARROLL	W		NSTER			1 VES 2 NO	
TOO. STREET AND NUMBER	BREEN		101	2115	~	10g. CITIZEN OF	F WHAT COUNTRY?	
TOO. STREET AND NUMBER 73 W. C. 11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yea	or No.— 14. R/	ACE — American Indian.	
3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 100				If yes, specify Cubus Maxican, Puerto Rican, etc.) 1 YES 2 Specify: Specify:			
15. DECEDENT (Specify only highe	'S EDUCATION st grade completed)	16a. DECEDENT'S US (Give kind of work	k done during ma	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY	,	
15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, L.	College (1-4 or 5+)	life. Do NOT use n	etired.)		Minne	as I w	oTORS	
17. FATHER'S NAME (First, Middle, L	eeft	256		T 10 MOTHED'S NAM	IE (First, Middle, Maiden)	7	700	
WING NELSON		SHAUCK			AJANE		PREP	
19a INFORMANT'S NAME (Type/Pri	nt)		ODRESS (Street a		oute Number, City or Town		70,70,70	
I JOHN E.	PATTON	8013	DUS	TINDR	, FREDE	EICK,	10,21701	
20a. METHOD OF DISPOSITION 1 □ Buriel 2 ☑ Cremetion 3		20b. PLACE OF DISPOSITI				ATION — City or	Town, State	
4 Donation 5 Other (Special Strands of Special Strands of Special Strands of Strands of Special Special Strands of Special Special Strands of Special	<u> </u>	SPRINCE		C EVIETA	72	ESVIL	E, MD	
76 mas	W Haish	£	1-1010	ATEII	Bax 190	SSHE	21784	
23. PART i. Enter the disease	es, or complications that ca	used the death. Do not	antar the mo	oda of dving, auch	as cardiac or reapis	retory arrest.	Approximate	
ahock, or heart f	allure. List only one cause	on each ilna.		Den marining			intarval Between Onset and Death	
disease or condition resulting in dasth)	. PNF	UMONIT	15	ITE	RMINAL	-1		
	DUE TO (OR	AS A CONSEQUENCE OF):						
Sequentially list conditions,	CEK	AS A CONSEQUENCE OF:	117501	ULX+12	1 NSUF	FICIE	NY 10 YEAR	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ARTEG		TY (47711	VASCUL	an D	15 15 YEAR	
CAUSE Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF):	12 4	MILLIO	VIISCUD	11 17	ישור פון	
resulting in death) LAST	d							
Depart of the second	nditiona contributing to das	th but not requiting in	the undarlyin	g cause given in I	Part i. 24e, WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS	
PART II. Other significant co			·		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
					_ ' ' ' ' '		OF DEATH?	
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		28. PI	LACE OF DEATH (Che	ck only one)			
1 TYES 2 NO	1 Inpatient 2 ER	Outpatient 3 DOA 4	☐ Nursing Hon	ne 5 🗆 Raeldence	8 Other (Specify)			
	28a. DATE OF INJ (Month, Day,)		ry wo	JURY AT ORK?	28d. DESCRIBE HOW IN	JURY OCCURED		
2 Acoldent Invest	28e. PLACE OF IN	JURY — At home, ferm, stre		YES 2 NO	28f. LOCATION (Street a	nd Number or Bui	ral Pouta Number	
3 Suicide 8 Could 4 Homicida 8 Could determ 29a. CERTIFIER (Check only one) 2 MEDICAL E	building, atc.	(Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)			
29a. CERTIFIER 1 CERTIFYIN	G PHYSICIAN: To the best of my	knowledge, death occurred	at the time, data	and place, and due	to the cause(e) and men	ner as stated.		
one) 2 MEDICAL E	XAMINER: On the basis of axami						se(s) and menner as stated.	
29b. SIGNATURE AND TITLE OF	ERTIFIEM A L.			29c. LICENSE NUM	BER	29d. DATE SIGN	IED (Month, Day, Year)	
a stanie	y Welle	es MD		D114	196	D 4-	16-91	
30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE O	4-0 -	rint) 9)	ZWAS	HIMITU	NXI	0.	
VAIVE	L. WELLI	VER M.D.		ME	STMINS	TED	MD 21157	
ΔPR 1 R 'Q1	32. REGISTRAR'S	SIGNATURE						

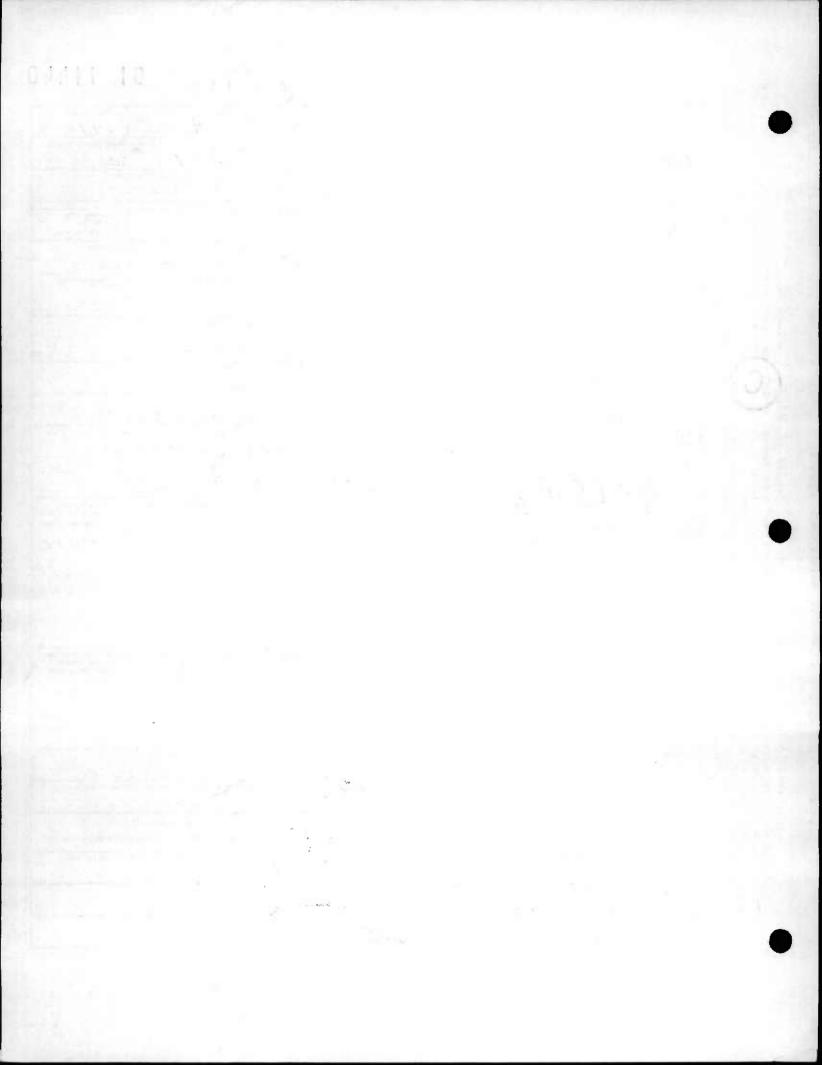
Lake a second of the second of

r death. Page 6 may be	e funeral director, page Sal.	examiner must be n	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page & be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
2	23	=	21

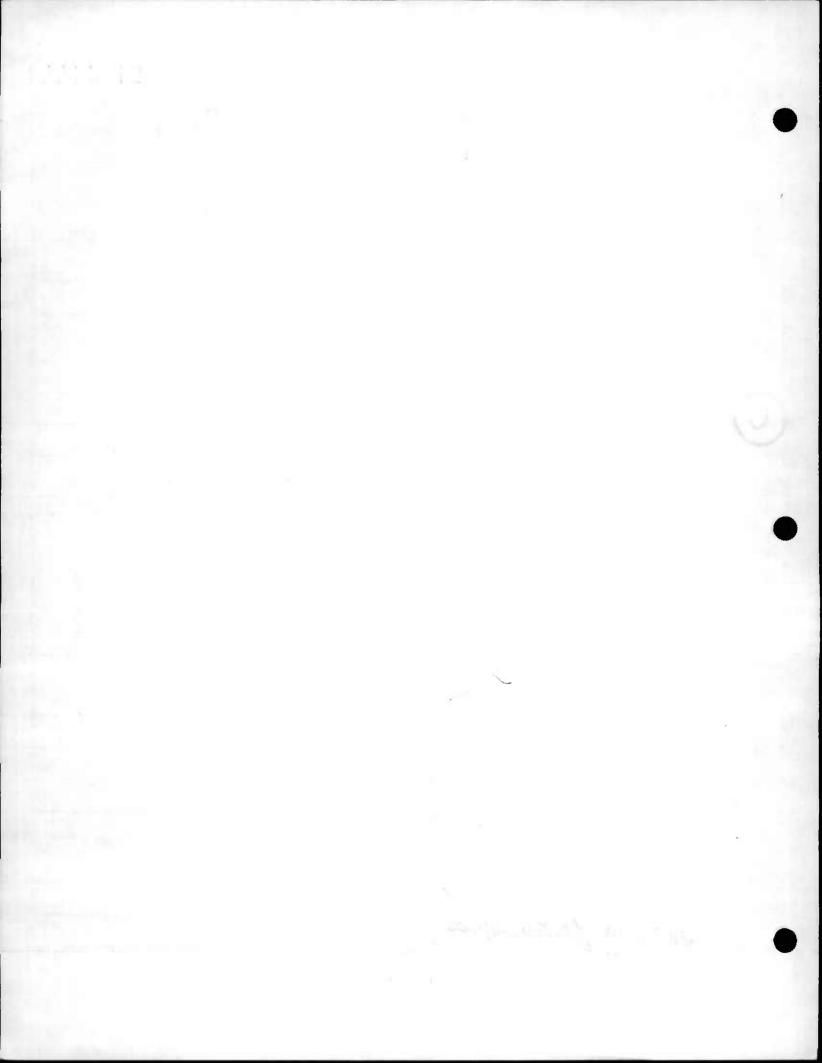
APR 12 91

32 REGISTRAR'S SIGNATURE
Julia Davidson Rando Re.

1. DECEDENT'S NAME (First.				CENTIL	ICAIL O	F DEATH		REG. NO			
I. DECEDENT S NAME (FIRST,	Middle, Last)						2. DATE O	OF DEATH	AY	YEAR	3. TIME OF DEATH
Doris			Mae		Po	nte	Ap	ril 7	, 199	1	1470
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR		7. DATE O	F BIRTH Day, Year)		8. BIRTI	HPLACE (State or Form
366-09-3618		1 🗆 M 2NXK	8	YRS.	MONTHS DAYS	HOURS MIN.	01	14 0	フ		ichigan
9a. FACILITY NAME (If not ins						OR LOCATION OF D	DEATH		9c. COUN	TY OF E	DEATH
16516 Kipl	_	oad			Rock	ville			Mon	tgo	mery
10e. STATE	10b. COUNT	Υ		10c. CF1	Y, TOWN OR LOC	ATION		_			10d. INSIDE CITY
Maryland Montgomery					Rockvil	le					LIMITS?
10e. STREET AND NUMBER					3	IOF. ZIP CODE			10g. CITIZ	EN OF	WHAT COUNTRY?
16516 Kip	ling :	Road				20855			Uni	ted	States
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.	S ABMED		ECENDENT OF HISPA			s or No-	14. RAC	E — American Indiar k, White, etc.
1 Never Married 2XX	Section 1	IF YES, GIVE V							Spec		
3 Widowed 4 Divo		l				XX					White
15. DECI (Specify only	EDENT'S EDU / highest grade	CATION completed)	16	(Give kind of	USUAL OCCUPA work done during		16b.	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Beauti			Ha	ir Sa	lon		
				Deauci	CIUII						
17. FATHER'S NAME (First, MI Isaac Be						18. MOTHER'S N	and the second				
							a Nell				
and the second	CO.M. C. C.					t and Number or Rure					000
Raymon Pon			-			g Road, F					
	☑ Burial 2 ☐ Cremation 3 ☐ Removal from State other place)										
4 Donation 8 Other			Ft.	Bliss					Paso,		
23. PART I. Enter the di	Seases, or	complications the	t caused th	MOO8		AND ADDRESS OF PUR 300 West ville, Ma					
IMMEDIATE CAUSE (Fin	ıal	All and the second	use on eech	h line.						est,	Approxima Interval Be Onset and
	ıal	All and the second	use on eech	h line.						est,	Interval Be
IMMEDIATE CAUSE (Findisease or condition_	ıal	All and the second	use on eech	h line.						est,	Interval Be Onset and
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentielly list condition army, leading to immediate. Enter UNDERLYI	lons, diate	. Myoc DUE TO ANTERIO	ARD; (DR AS A CO	h line.	N FAR AKNOV	CTO N				est,	Interval Be Onset and
IMMEDIATE CAUSE (Findlesse or condition resulting in death) Sequentially list condition any, leading to immediately	lons, diate ling	DUE TO	ARD; (DR AS A CO	HAL ONSEQUENCE OF	NFAR AKNOV,					est,	Interval Be Onset and
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated events	lons, diate NG rry	DUE TO	(OR AS A CO	ONSEQUENCE CONSEQU	N FAR AKWOV,	CTION MSCULMAN	e. D		<i>CG</i>		Interval Be Onset and
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injurt that initiated events resulting in death) LAS	lons, diate NG rry	DUE TO	(OR AS A CO	ONSEQUENCE CONSEQU	N FAR AKWOV,	CTION MSCULMAN	e. D	15078-	N AUTOPSY RIMED?		Interval Be Onset and Acu:
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injurt that initiated events resulting in death) LAS	lons, diate NG rry	DUE TO	(OR AS A CO	ONSEQUENCE CONSEQU	N FAR AKWOV,	CTION MSCULMAN	e. D	/ 5 0 /5-	N AUTOPSY RIMED?		D. WERE AUTOPSY FIN MAILABLE PRIOR 1 COMPLETION OF CO
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	lons, diate NG rry	DUE TO	(OR AS A CO	ONSEQUENCE CONSEQU	N FAR AKWOV,	CTION MSCULMAN	e. D	15078-	N AUTOPSY RIMED?		Interval Be Onset and ACU:
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diate NG iry T	DUE TO	(OR AS A CO	ONSEQUENCE CONSEQU	N CAR	MS(U LANGE ling cause given in	n Part I.	24a. WAS AJ PERFO	N AUTOPSY RMED? 2XXNO	24	D. WERE AUTOPSY FIN MAILABLE PRIOR 1 COMPLETION OF CO
IMMEDIATE CAUSE (Findisesse or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other eignifice	ions, diate NG iry T	DUE TO DUE TO DUE TO DUE TO d. HOSPITAL:	(OR AS A CO	ONSEQUENCE CONSEQU	IN CARRIED OV.	MSC J LASTA	n Part I.	24a. WAS AJ PERFO	N AUTOPSY RMED? 2XXNO		D. WERE AUTOPSY FIN MAILABLE PRIOR 1 COMPLETION OF CO
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition from the condition of the cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other eignifice	ions, diate NG iry T	DUE TO DUE TO C. DUE TO d. no contributing to	(OR AS A CO	ONSEQUENCE CONSEQU	IN CARCOPIE	HSC J LASTA ing cause given in	n Part I.	24a. WAS AI PERFO	N AUTOPSY RMED? 2XCX/NO	24	D. WERE AUTOPSY FIN MAILABLE PRIOR 1 COMPLETION OF CO
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	1. DECEDENT'S NAME (First,	1	CURTIS	L.	10.	PO	WELL, Sr.	2. DATE OF	F DEATH DAY		YEAR	3. TIME OF DEATH
	Chhtz		ONKAI		VOL	DUNKEL 4-6			- 4	4-16 16 - 4		
	4. SOCIAL SECURITY NUMB 212-24-549	4. SOCIAL SECURITY NUMBER 212-24-5494 5. SEX 1 XM 2 F 6 1				ONTHS DAY		July	BIRTH 16,19	1929 Maryland		
	9a. FACILITY NAME (If not institution, give street and number)				9		N OR LOCATION OF				ITY OF DE	
5	Frederick Memorial Hospital					Frederic	2		Fre	deri	ck	
2	10a. STATE	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CITY, 1	OWN OR LO	CATION				T	10d. INSIDE CITY
DIRECTOR	Maryland Frederick			Th	Thurmont,						1 YES 2 NO	
HAL	13231 Ca	toctin	Furnace.	Rd			101. ZIP CODE 21788			Uni		NAT COUNTRY? States
S	11. MARITAL STATUS	MED	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Y					14. RACE	- American Indien,			
BY FUNERAL	1 Never Married 2		FORCES? 1 THE	OR DATES	UWI		ES 2 NO Spe		ean, atc.)			, White, atc.
	15. DEC (Specify only	EDENT'S EDUCAT y highest grade con	TION mpleted)				TIDN most of working	16b. K	IND OF BUSH	NESS/IND	USTRY	
COMPLET	Elementary/Secondary (0 8 YEAVS)-12)	College (1-4 or 5+)		166. DECEDENT'S USUAL OCCUPATION (Gibb kind of work done during most of working life. Do NOT use retired.) Restaurant Food Service					e	3	
5	17. FATHER'S NAME (First, M	22.11	-		1796			NAME (First, Mic				
BE	Curtis	Norton	Powell				Anna	Mae		chel		
0	180. INFORMANT'S NAME (7) Janice W		aker)Powe		13231		et and Number or Ru Octin FW					Md. 21788
	20a. METHOD OF DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	n 3 🗆 Remove	al from State	20b. PLACE other pla	ce)		comotory, cromatory of			LOCATION — CHY OF TOWN, SLAM hwrmont, Maryland		
1	21. SIGNATURE OF FUNERA	L SERVICE LICEN	ISEE	10		22. NAME	AND ADDRESS OF	FACILITY	1	04 F	Ma	in St
	23. PART I, Enter the d	U Car	nelle	Clen	e							in St. Md. 21788
NO	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentisity list condit	÷	DUE TO (O	R AS A CONSEC	DUENCE OF):	C1-1"	y Fr	, G-L	t'n			Onset and Death
HIFICATION	if sny, lesding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CE	PART II. Other significa	int conditions	contributing to de	enth but not r	esuiting in	the undari	/ing cause given	In Part I.	24a, WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL									PERFORM 1 TES 2			AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž												
3	25. WAS CASE REFERRED T	1	HOSPITAL:			THER:	PLACE OF DEATN					
PHYSICIAN:	1 YES 2 NO	!	28a. DATE OF IN		28b. TIME		iome 5 Rasiden	_	Specify)	JURY OCC	CURED	
	1 Natural 6	Pending Investigation	(Month, Day,		INJUF	łY .	WORK? YES 2 NO	250. 5230	INDE NOW IN	0000	JONED	
ED BY	2 Accident 3 Suicide 6 4 Nomicide	Could not be determined	28e. PLACE OF I building, etc	NJURY — At ho (Specify)	me, ferm, str	eet, factory, o	ffice	28f. LOCAT City or	TION (Street ar. Town, State)	nd Number	or Plural F	Route Number,
COMPLETED	cool dray		AN: To the best of m									s) and menner as stated.
_	29b. SIGNATURE AND TITLE					in my opinio	29c. LICENSE		ino praca, and			
4	02/~	-	· ~	r10-	-		DS "	1.7		▶ Y	121	(Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, P	rint)	11-74				/	1/
	Je (trey	NL	owen	MIK	3	18 W	SH 50	Fre	1701	01	710	2174
	31. DATE FILED (Morth, Day,	Year)	22. REGISTRARY	S SECRETIFIE	1						-	



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the profile or manufacting physicia	bunial-tr		
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PHYS	r this	h with	arked
NDING	3: Afte	r deat	ES
ATTE	RECTO !	irs afte	m 28
AL OF	AL DI	72 hou	If ite
HOSPI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determined the same white	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
出	THE	filed v	PORT
2	2	9	=

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2

29b. SIGNATURE AND TITLE OF CERTIFIED

Charles

31. DATE FILED (Month, Day,

C

16

'91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Stegman

11442 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEOT4 /14/1991 MONTH MARK LEROY PHILLIPS 03 1138 Mark mil 0 1991 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 05/21/1962 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 219-84-8027 MARYLAND DAYS 1 M 2 - F HOURS YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT 10d. INSIDE CITY LOS ANGELES CALIFORNIA LOS ANGELES 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3721 DIVISION STREET 90065 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—H was specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican,

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1XXNever Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE/CAUC. ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 166 KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ing most of working (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) ADMINISTRATIVE ASSISTANT ENTERTA I NMENT 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ISABELL TODD ROBERT LEROY PHILLIPS BE 19a. INFORMANT'S NAME (Type/Print) (PARENTS) 19h. MAILING ACORESS (Street and Number or Rural Boute Number City or Town State Zin Code) 2 4910 RAVENWOOD ROAD, VIENNA, MD. 21869 ROBERT L. PHILLIPS & MRS. 20a. METHOD OF DISPOSITION
1XI Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State SALEM U.M. CHURCH CEMETERY 4 Donation 5 Other (Specify) SALEM, MARYLAND 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CURRAN FUNERAL HOME 308 HIGH ST., CAMBRIDGE, MD. 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximats Interval Batween Onset and Death IMMEDIATE CAUSE (Fins) disesse or condition Melymona resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Jumber Umos CERTIFICATION Sequentially list conditions, DUE TO (OF AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE (Disease or Injury** DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAII ABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdance 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

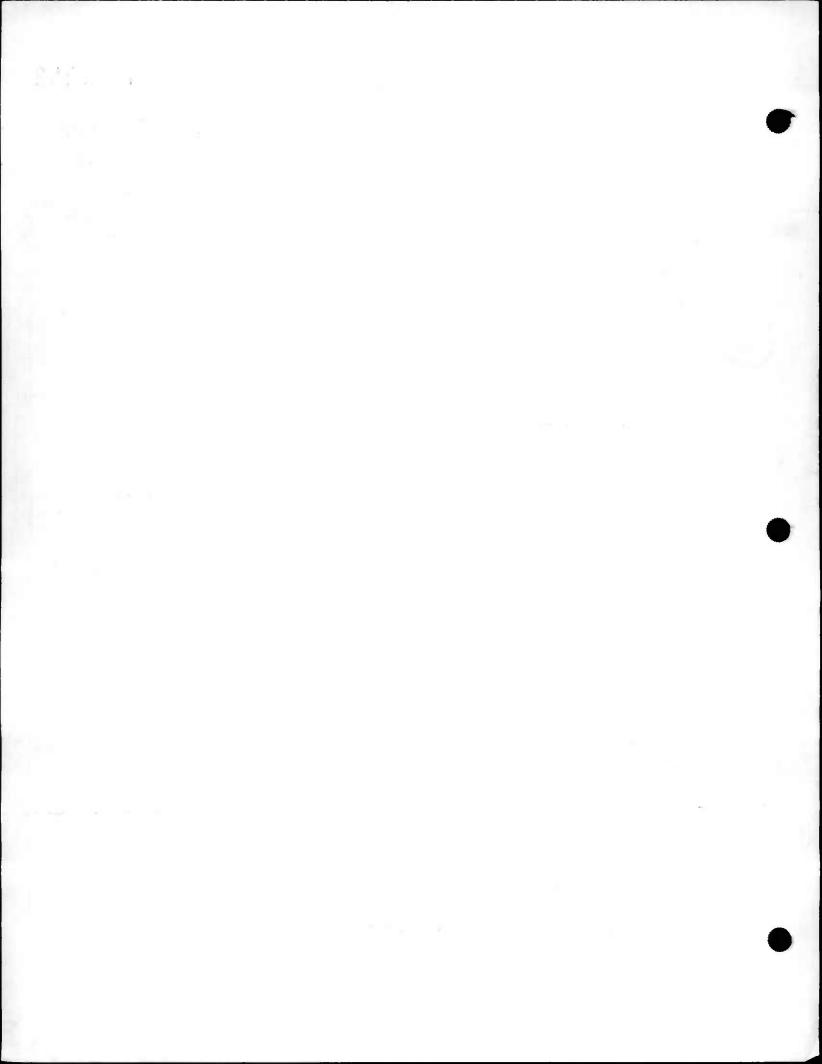
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Ms

32. REGISTAR'S SIGNATURE
JUNA DANISON-Randell

29d, DATE SIGNEO (Month, Day, Year)

4-149



BALTIMORE, MARYLAND 21215-0020	iours after death. Page 6 may be retained by the hospital or attending physician. In the thre funeral director, page 5 should be detached for use as the burial-transit permit.	or removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / D	EPARTMENT OF	HEALTH AND	MENTAL HYGIENE
CEF	RTIFICATE OF	FDEATH	REG. NO.

	1 - STATE REGISTRAR	C	ERTIFIC	CATE OF	DEATH	REG. N	Ю.				
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH	_		
		rtin	PRES			4	13 9	1124	м		
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. ta:		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	217-16-7512 1×120	0/	YRS.					Maryland			
DIRECTOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Fallston Fallston Fallston Fallston										
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	_		
듬	Maryland Harf	ord		Wh	ite Hal	1		1 YES 2 X NO			
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
E	4308 Carico La	ne			21	161		U.S.A.			
FUNERAL		DENT EVER IN U.S. AL	RMED			NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yes or No- 14.	. RACE — American Indian, Black, White, etc.			
ВУ		E WAR OR DATES	,,,,		2 NO Specif			Specify:			
	15. DECEDENT'S EDUCATION	16a D	ECEDENT'S I	ISUAL OCCUPATI	ON	18h KIND OF I	BUSINESS/INDUS	White	_		
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 o	(0	Sive kind of wo Do NOT use	ork done during me	ast of working	ISS. KIND OF E	IOSINESS/INDOS	1111			
PL			Fa	rmer			Farmin	o			
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid		55			
BE C	Oliver Winfield	d Presi	ton		Adel	la Ama:	nda. A	lloway			
	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street		Route Number, City or 1					
2	Alma L. Dixon		907 R	lock S	oring R	oad	Bel Ai	r. Md.			
	20 METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal from State	20b. PLACI		OF DISPOSITION	(Name	DATE 20c.	LOCATION — City	y or Town, State			
	4 Donation 5 Dother (Specify) Bel Air Mem. Gardens 4/16 Bel Air, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	VV.	_		ND ADDRESS OF FA	neral H		,			
	111. Walleten	140611				ville. 1		m 2			
NO	23. PART i. Enter the diseases, or complications that cause of the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BSO FH & BAL DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
AT	If eny, leading to immediate ceuse. Enter UNDERLYING	. 10 (0.11 AD A 001132	OCCIOC OF	•				į			
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
F	resulting in death) LAST										
	PART II. Other significant conditions contributing	to death but not	regulting in	the underlyla	a cause alven In	Part I 240 MB	AN AUTOPSY	24b. WERE AUTOPSY FINDING			
PHYSICIAN: MEDICAL	COPD	, to detail sat not		The different states	y cause given in	PERI	FORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	neck only one)					
SIC	HOGFIIAL	2 ER/Outpatient		OTHER: 4 \(\text{Nursing Hor}\)	ne 5 🗆 Residence	8 Other (Specify)					
	1 Natural 5 Pending (Mon	E OF INJURY th, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	RED			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	CE OF INJURY — At h	ome, ferm, st			28f. LOCATION (Stre		Rural Route Number,	_		
TEC	4 Homicide determined	fing, etc. (Specify)				City or Town, St.	10)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be										
BE C	286. SIGNATURE AND TITLE OF CERTIFIER	y	M		29c. LICENSE NU	MBER 70	29d. DATE S	IS A I			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (IT	EM 27) (Type,	Print)	10	10	1 1	11-1-11	_		
	ASHOK MARAME	, 2 00	LGA	TB P	R, PC	PRBST	HILL,	MD 21047	7		
- 1	APR 16 91 32. Figs.	a Davidson-V	Pandalle								

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

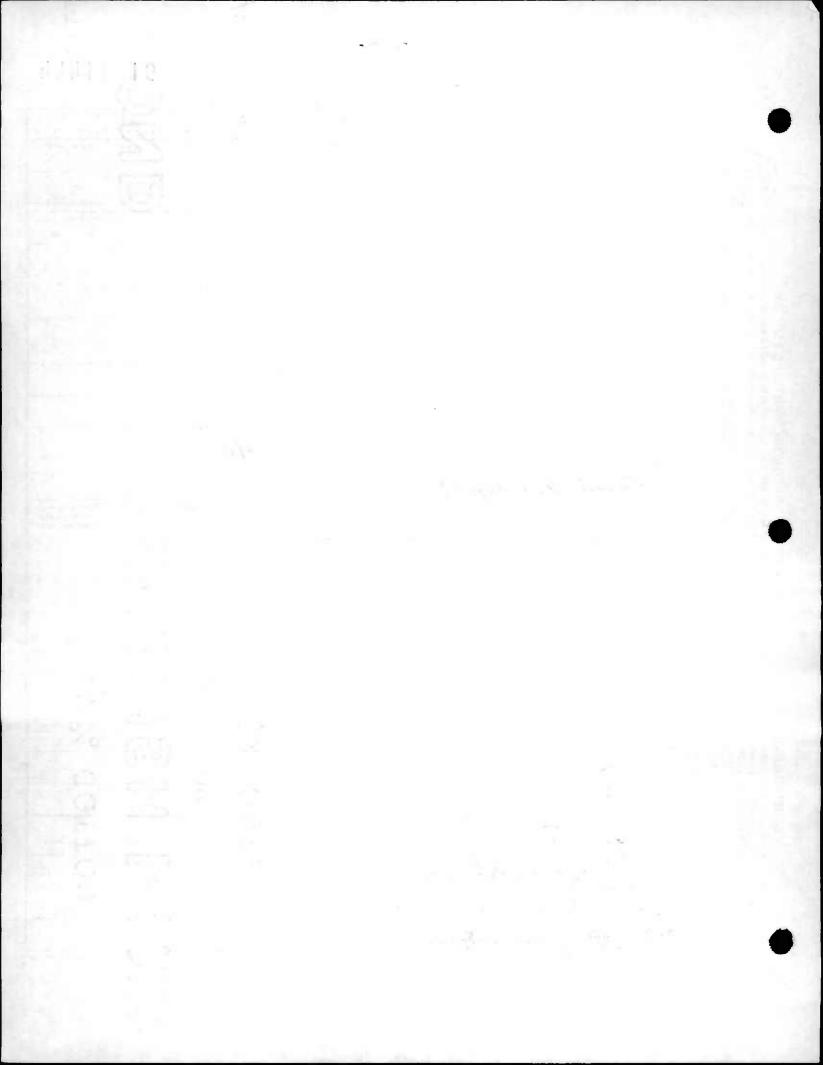
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FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First HUGH	, Middle, Lest)	WILLIA	M		P	RICE	3		1.5-3-17	DAY	YEAR 1991	3. TIME OF		тр м
4. SOCIAL SECURITY NUMBER	BER	5. SEX 6.	AGE (In yr	rs. lest birthday)		ER 1 YEAR	_	T .	7. DATE OF BIRTH	U.7		HPLACE (Star		oreign
216-48-29	84	1, M 2 □ F		54 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6-4-19	36	Vii	gini	a	
9e. FACILITY NAME (If not in	natitution, give :	street end number)			9b. CIT	IY, TOWN	OR LOCATI	ON OF D	EATH	9c. CO	UNTY OF			-
SHORE OF THE	THE PA	TAPSCO RIV	ER						-	HC	WARI	COUN	TY	
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOC	ATION				_	10d. INSID	E CITY	1
Maryland	Mont	gomery		Po	016	esvi	ille					1 X YES		NO
10e. STREET AND NUMBER	0	_				- 1	of. ZIP COD	E		10g. Cf	TIZEN OF	WHAT COUN	TRY?	
20900 We	st Of	fet Road					2083	37		1	USA	A		
11. MARITAL STATUS		12. WAS DECEDENT E FORCES? 1	VER IN U.	S. ARMED	13				NIC ORIGIN? (Specify	ee or No-	14. RA	CE — America	ın Indi	en,
1 Never Married 2		IF YES, GIVE WAR	OR DATE	S NO			ES SXXNO		in, Puerto Ricen, etc.) y:			offy:		
3 Widowed 4 Dive	orced											Wh	it	e
15. DEC (Specify on	CEDENT'S EDU ly highest grade	CATION completed)	16	e. DECEDENT'S (Give kind of	work don	e durina i	TION most of work	ing	16b. KIND OF E	USINESS/II	OUSTRY			
Elementery/Secondary (0-12)	College (1-4 or 5+)		Ille. Do NOT u	se retired	1.)								
10				Disab	led	l			Disa	bili	ty			
17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S N	AME (First, Middle, Maid	en Surname)				
Robert	S. Pr	ice						Min	nie Live	esay	ы.			
190. INFORMANT'S NAME (Type/Print)								Route Number, City or 1					
Mrs. Char	slee	Day		3055	Flo	ore	nce 1	Rd.	Woodbin	e, Md	. 2:	1791		
20a. METHOD OF DISPOSIT		noval from State	20b. Pl	LACE AND OAT	E OF OIS	SPOSITIO	N (Name		OATE 20c.	LOCATION -	- City or	Town, State		
4 Donation 5 Other	r (Specify)		Res	sthave	n N	lem.	Gar	den	154/9/ F	cede:	rick	,Mar	yla	and
21. SIGNATURE OF FUNERA			0		2: T	2. NAME	AND ADDRI	SS OF F	ein, Inc.	230	Do 1	+ i mo	~~	71
▶ Ern	est o	a. Riley	1	7.					Md. 215		Dal	. CIMO	Te	AV.
23. PART I. Enter the c				e deeth Do	_						rreet	l App	roxim	note.
		List only one cause			iot dili		node or aj	mg, sa	211 35 Cal Glad Of 10.	phatory a	,,,	inta	rvai B	Between
iMMEDIATE CAUSE (FI disease or condition	nai											One	et and	d Death
resulting in death)	\rightarrow	a. DROWNING												
		DUE TO (O	R AS A CO	ONSEQUENCE O	HF):									
Sequentielly list condi-	tiona.	b		2405015105.0								_		
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CAUSE (Disease or Inj		C	0.46.4.00	ONSEQUENCE O	MD.									
thet initiated events resulting in deeth) LAS	ST	002 10 (0	n Ao A CC	MSEQUENCE O	r-j.							j		
		d								_		-		
PART li. Other aignific	ent conditio	na contributing to de	eath but	not resulting	in tha	undarly	ing cause	given ir		AN AUTOPS	Y 2	b. WERE AUT		
ACUTE ALC	COHOL	INTOXICATIO	ON W	ITH CHE	RONI	C AI	COHOI	ISM		ORMED?	- 1	COMPLETE	ON OF	
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ADVANCED	ARIER	IOSCLEROTIO	. CAI	KUTOVAS	مللك	ARI	II SEAS	5 H	_			NES	2 🗌	NO
25. WAS CASE REFERRED	TO MEDICAL					24	PLACE OF	DEATH /	heck only one)		_			
EXAMINER?		HOSPITAL:		2 m.s.	ОТН					C A T A C	900	DIVED		
YES 2 NO		1 Inpatient 2 E		ent 3 🗆 DOA 26b. T#		7	ome 5 F	leeldenca	28d, DESCRIBE HO			KIVEK		
1 Natural 5	Sponding	(Month, Day,	Year)	260. IN	JURY		WORK?	ČT vo	UNKNOWN		CCURED			
2 Accident	Investigation	APRIL	7, 19	991				NO 📄						
3 Suicide 6	Could not be	28e. PLACE OF I	c. (Specify)	Al home, farm,	street, 1	actory, of	Mice		261. LOCATION (Streetly or Town, St	et end Num	A Hur	S House Numb	WES	ST
		PATAPSO	OR	IVER _					L KITANDSH.	r, II	JWAR	J (U.,	[vil)
Torroom only	TIFYING PHY	BICTAN: To the best of m	y knowled	ge, death occur	red at th	e time, d	ate end plac	e, end du	e to the cause(e) end	menner ee s	stated.			
000)	BICAL EXAMIN	On the basie of exam	mination •	nd/or investigati	lon, In m	y opinior	, death occ	ured at th	e time, date and placs,	and due to	the caus	e(e) end men	107 88 1	stated.
296. SIGNATURE AND THE	E OF CENTIFE	En //	11				29c. Lit	CENSE NU	JMBER	29d. D	ATE SIGN	EO (Month, De	y, Year!)
XX	2/2	nalel	2.							▶0		08		91
///	1		/					OCM	E ₄	. 0	4	00	13	71

111 PENN STREET

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND



TO BE COMPLETED BY FUNERAL DIRECTOR

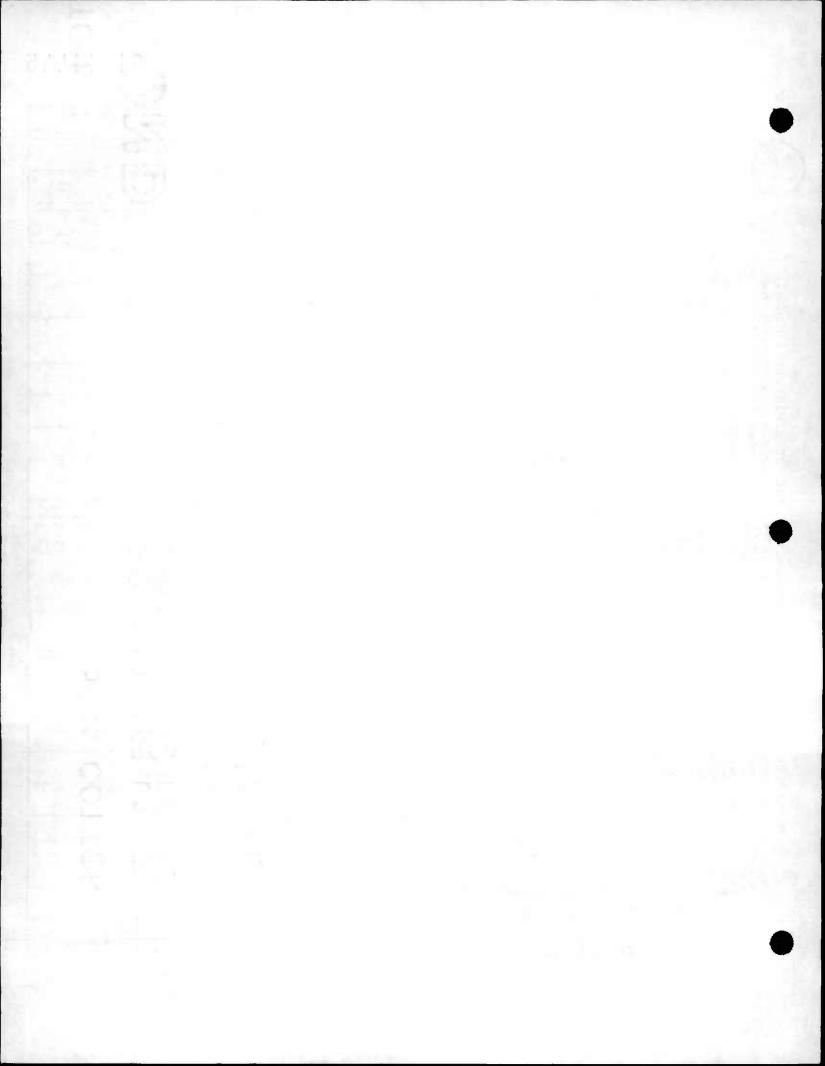
FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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HAN: TI	rtificate	he State	or iter
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NDING	R: After	er death	is ma
A ATTE	IRECTO	ours after	em 28
PITAL C	ERAL 0	n 72 ho	THE
E HOS	HE FUNI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	10	be file	IMP

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
BG PETTI	FORD			MONTH D	and the same of th	1650 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign
NA	1 DM 2 DF JORY	·YRS.	THS DAYS HOURS MIN.	(Month, Day, Year) 4 - 19 - 9 /		/SA
9e. FACILITY NAME (If not institution, give st	treet end number)	10 PG	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
FSKH 4940 E	ASTERN AVE	. 1	BALTIMORE		BAUTI	MORE CITY
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
MD PA	LTM	1 4	AUREL			1 YES 2 NO
10e. STREET AND NUMBER 3537 FORT	MEADE F	2 D	101. ZIP CODE 2\70	7	10g. CITEZEN OF	F WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF HISPA		or No 14. RA	CE — American Indian,
1 Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 MO ES	If yes, specify Cuben, Mexico 1 YES 2 NO Specifi			eck, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION NA	18e. DECEDENT'S USL	JAL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)		NIA	
		N	A		MIN	•
17. FATHER'S NAME (First, Middle, Last)	1.501			ME (First, Middle, Meiden	Surname)	
NOTG	TUEN		TISSA		01517	
190. INFORMANT'S NAME (Type/Print)	101	196, MAILING ADI	FOR TIMEADS		n, State, Zip Code)	20707
20e. METHOD OF DISPOSITION	206	DUD'T	DISPOSITION (Name		CATION — City or	Town State
1 Buriel 2 Cremetion 3 Rem	ovat from State of ce	metery, cremetory or of	other place)		AcTimo	and the second s
21. SIGNATURE OF FUNERAL SERVICE LIC		2811036	22. NAME AND ADDRESS OF FA		NI CITTY	71-11-11
· NIA	+		NI	A		
23. PART I. Entar the diseases, or o	complications that caused	tha daath. Do not	antar the mode of dying, suc	ch se cardiac or reap	iretory arrest,	Approximata
shock, or haart failure.	List only one cause on esc	ch ilna.				intarval Batween Onset and Death
disesse or condition	EXTREME	PRIEM	ATURITY			26 have
resulting In death)	DUE TO (OR AS A C		MUCH			5011003
land the same of t						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):				
cause. Entar UNDERLYING CAUSE (Disesse or injury	c					
that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):				
resulting in death) LAST	d					
PART ii. Other aignificant condition	s contributing to death but	t not resulting in t	ha undariying csuse given ir	Part i. 24s. WAS AN	AUTOPSY	4b. WERE AUTOPSY FINDINGS
Hypotensian		-31:00:00=		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Respiratory F	641/10			THES :	2 U NO	OF DEATH?
KOP HOW DAY	DUTTORE					1 - YES 2 100
25. WAS CASE REFERRED TO MEDICAL		_	26. PLACE OF DEATH (C.	hack ante anal		
EXAMINER?	HOSPITAL:		THER:			
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	□ Nursing Home 5 □ Residence F 28c, INJURY AT	28d, DESCRIBE HOW	INJURY OCCURED	
1 Netural 5 Pending	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO	A .	IA	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, stree		281. LOCATION (Street	and Number or Rur	al Route Number
4 Homicide 8 Could not be determined	building, etc. (Specify	y)	ΛΙΙΔ	City or Town, State	N//	2
29e. CERTIFIER	MAN T. 11		VID:	75	1771	
anal			t the time, date end place, end du n my opinion, deeth occured at th			ne(s) and manner so stated
29b. SIGNATURE AND TITLE OF CERTIFIED	R		29c. LICENSE NU			IED (Month, Day, Year)
It. Oswien	MD.		WD: D	40362	4-6	20-71
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT		,			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		ND 21210			
4-211-91	VE. HEGISTINAN S SIGNA	· one				

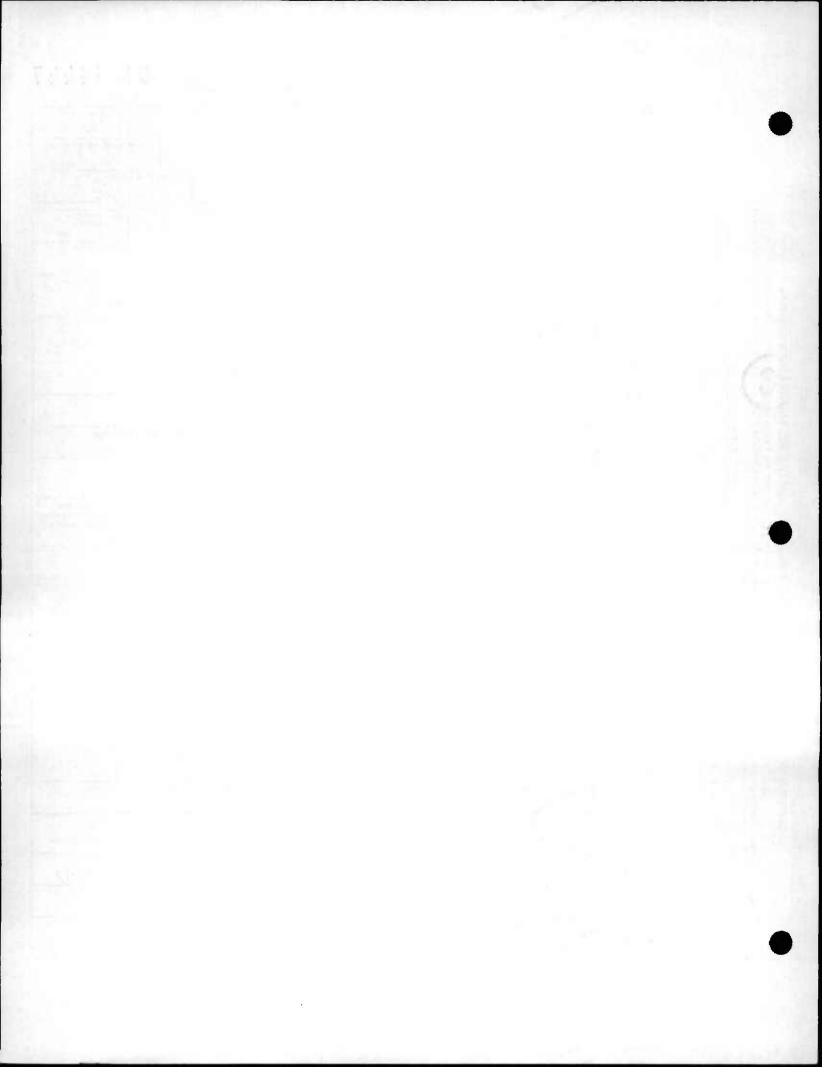


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained at the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should have a few writing 75 hours after nearh with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
де 6 тау ъ	irector, page	r must be
er death. Pa	the funeral dival.	l examine
24 hours aft	filled in by to on, or remo-	he medica
uted within	I completely irial, cremati	ic event, t
cate be exec	shysician and e prior to bu	er traumat
death certifi	attending pental Hygien	iry, or oth
ires that the	signed by the	ws any in
The law requ	te Dent. of H	ım 23 sho
PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill and within 75 hours after neath with the State Dent. of Health and Mental Hollene prior to burial, cremation, or removal.	rked, or Its
ATTENDING	ECTOR: After	1 28 Is ma
SPITAL OR	NERAL DIRE	NT: If Item
TO THE HC	TO THE FU	IMPORTA

THE COCK DETAILS AND THAT IS A SEX NOTE OF SEATH AND SEATH AND SEA		REGISTRAR		CERTIFIC	ATE O	F DEATH	REG. NO				
TO DO THE STATE AND THE STATE		77 0 1	akes	1							
THE STATE AND AUMANN THE STATE AND AUMANN				rs. last hirthclay) IF	INDER 1 YEAR	IF LINDER 24 HRS.	7. DATE OF BIRTH	0 4 *	*1		
SINGER AND HOUSE STORE S				2			(Month, Day, Year)	0	ountry)		
THE STATE OF DESCRIPTING THE 2 GOOD OF THE STATE OF THE 2 GOOD OF THE 2		9a. FACILITY NAME (If not institution, give street and	1 number)	, 9b	CITY, TOW	OR LOCATION OF DE	ATH				
The content of the control of the	TOR										
The content of the control of the	ĕ	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
The content of the control of the	DI		tgomery	· · ·			A		1 YES 2 NO		
The content of the control of the	AL		, ,	•		101. ZIP CODE	_		OF WHAT COUNTRY?		
The content of the control of the	ij				20814			54			
The content of the control of the	2		AS DECEDENT EVER IN U. DRCES? 1 \(\square\) YES	S. ARMED 2 XNO	13. WAS D	ECENDENT OF HISPAN apacity Cuban, Mexical	IC ORIGIN? (Specify Yen, Puarto Rican, etc.)	n or No- 14.	RACE — American Indian, Black, Whita, atc.		
THE STANDAY SHAME (Figure 1) See Note (See 1) See that I consider the standard shame of the standard shame o		IF									
THE STANDAY SHAME (Figure 1) See Note (See 1) See that I consider the standard shame of the standard shame o	TED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	ted)	(Give kind of work	done during	TION most of working	16b. KIND OF BU	SINESS/INDUSTI	PY .		
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	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 1 0 DAY 1 0 0 1 YEAR 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
	Marie N. Reith									April 8, 1991			10:20 P
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year) 6.		6. BIRTI	IPLACE (State or Foreign
		577-05-5800		98	YRS.		DAYS	HOURS MIN.	Mar.	15,1		Cz	echoslovak
OR	9a. FACILITY NAME (II not in Carriage				hes:	r Location of Di da	EATH		4.5	ntg	omery		
2	RESIDENCE OF DE	10b. COUNT	Y		10c. CITY	, TOWN OR	LOCAT	ON					10d. INSIDE CITY
DIRECTOR	MD		gomery			thesd		OH.					LIMITS?
	10e. STREET AND NUMBER		gomery		ре	Luesa	$\overline{}$	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			A
	5215 Cedar Lane					20814				U.S.A			
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Į į	17. FATHER'S NAME (First, A								ME (First, Mi	ME (First, Middle, Malden Surname)			
BE	Frank Nov	otny						Karoli	ne Ha	nush			
2	194. INFORMANT'S NAME (nd Number or Rural			m, State, Zip	Code)	
-	Charles A	. Carr	y, Jr.	7	531 (Glenn	on l	Dr., Bet	hesda	, MD	208	317	
	20a. METHOD OF DISPOSIT 1 1 Durial 2 ☐ Cremeti		oval from State	20b. PLACE	PLACE OF DISPOSITION (Name of cometer), crematory or St. Lincoln Cemetery				20c. LOCATION — City or Town, Stats				
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	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FACILIT Joseph Gawler's			S So	ns, I	nc.			
	Muc	hou	LEIL	eldon	2.	513	30 1	Wisconsi	n Ave	, NW, W	ashi	ngto	n,D.C. 200
CERTIFICATION	a. Arteriosclerotic heart disease DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Last) DAISY REIN HOLT 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. Isst birthday) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MONTH 3. TIME OF DEATH 10: 2Z 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. Isst birthday) 1. FUNDER 1 YEAR 1. FUNDER 24 HRS. 7. DATE OF BIRTYN 6. BIRTYHPLACE (State of Agency)
29	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 NF S SEX 1 MONTHS DAYS HOURS MIN. 4. SOCIAL SECURITY NUMBER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year)
1, 2, 3 should		98. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH NONT GOMERY RESIDENCE OF DECEDENT
permit. Pages		10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 \square YES 2 \cancel{M} NO
150		106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 1084/ 10. S. A.
3-3146 ending physician. as the burial-transit		11. MARITAL STATUS 1
21203-31		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE
d at once.		17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) SARAH J. MS MILLION
y be notified be notified		196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROSA ABELL 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
MORE 6 ma director, 5 er must		19 Burlei 2 Cremation 3 Removal from State other place) RESTHAVEN REDERICK MD. 22. NAME AND ADDRESS OF FACILITY
BALTIM inter death. Pag the funeral di noval.		MILLON FUNERAL 22111 BEALLS VILLERD: BARNESVILLE M
filled in by ion, or remo		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. 13 chesical Head Disease With CHF
BOX 13146, ficate be executed within physician and completely ne prior to burlal, cremater traumatic event, it		Sequentially list conditions, if any, is adding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): The conditions of the
th certificate th certificate ending physical Hygiene p		CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A. RUL In T. Hawke ETTO DON' Calculations of the consequence of the consequen
RECORDS requires that the een signed by the of Health and Mishes any Injury		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 YNO 1 YES 2 YNO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO
OF VITAL P PHYSICIAN: The law this certificate has b with the State Dept rived, or item 23		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
		27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED
ISIO TTENDI TOR: A after d		3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
DIV OSPITAL DR A INERAL DIREC Ithin 72 hours		29s. CERTIFIER (Check only one) 1 CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as state.
TO THE HOSPITAL ITO THE FUNERAL CE DE filed within 72 h	TO BE	296. SIGNATURE AND TITLE OF CASTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year) 444 444 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
		James S. Grisson My 1475 TANEY AVE, JUTE 204, FREDERICK M
		APR 0 9 1991 Julia Javidion Report

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91

2. DATE OF DEATH DAY

11448

3. TIME OF DEATN

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 shours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.
DIVISION OF VITAL	. OR ATTENDING PHYSICIAN: The Is	DIRECTOR: After this certificate has hours after death with the State De

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR	4	CERTIFIC	ATE OF DEAT	Ή	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Las	PHOEBE	REED		MONTH	L 18, 199	1 YEAR S:45 P				
4. SOCIAL SECURITY NUMBER 214 09 4774	5. SEX 6.		F UNDER 1 YEAR F UNDER INTHS DAYS HOURS	Month,	Day, Year) 1897	a. BIRTHPLACE (State or Foreign Country) MARY LAND				
9a. FACILITY NAME (If not institution, give FREDERICK VILL RESIDENCE OF DECEDENT	Seattle ETHICSTRILL		CATONSVIL			Y OF DEATH ALTIMORE				
10a. STATE 10b. COUN			10c. CITY, TOWN OR LOCATION HAGERSTOWN			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER 539 N. MULBERR			101. ZIP CODE	21740		U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	13. WAS DECENDENT O	n, Maxican, Puarto R	? (Specify Yaa or No— Ican, atc.)	14. RACE — American Indian, Black, Whita, etc. Specify: WHITE					
15. DECEDENT'S EI (Specify only highest gra	(Give kind of work life, Do NOT use n	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			DUSTRY					
8 years 17. FATHER'S NAME (First, Middle, Last) Joseph	M*	<u> </u>	HOME MAKER 18. MOTHER'S NAME (First, Middle, Me LER Mary Holtz			HOME iden Surname)				
19a. INFORMANT'S NAME (Type/Print) WARREN K. REED		196. MAILING AL	DORESS (Street and Number	er, City or Town, State, Zip	nate, Zip Code) , MARYLAND 21229					
20a. METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE Of cemetary, crematory or REST HAVEN	F DISPOSITION (Name other place)	20c. LOCATION —	ATION — City or Town, Stata GERSTOWN, MARYLAND					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MARYLAND 21222										
disease or condition resulting in death) e. Multi strophe clusease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditi	ona contributing to de	eth but not reaulting in	the underlying couse (given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☑ NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?										
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	CURED									
2 Accident Investigatio 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF II	NJURY — A1 home, farm, stre :. (Specify)	— A1 home, farm, stree1, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
cont		r knowledge, death occurred nination and/or investigation,				ted. he cause(a) and manner as stated.				
29b. PONATURE AND TITLE OF CERTIF	11 -00	ager, Mo	7	NSE NUMBER	· 1	E SIGNED (Month, Day, Year)				
31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE JONES HED CTR, WILLER WS & PINE HTS, BALTO MIS ZIZZ 9 JONES 22 91 JONES HED (Month, Day, Year) JONES HED CTR, WILLER WS & PINE HTS, BALTO MIS ZIZZ 9 JUNE JUNE DAY BOARD AND AND AND AND AND AND AND AND AND AN										
app 22 '91	32. REGISTRAR'S	Davidson-Randal	Q _{es}							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

25+1

	CERTIFIC
	MEDICAL
	PHYSICIAN:
	ВУ
1	

	1. DECEDENT'S NAME (First, Middle, Last) Carlyle Fred	erick Rob		2. DATE OF DEATH DAY YEAR APAIL 13, 1991 5:15 PM								
	4. SOCIAL SECURITY NUMBER		6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		TNPLACE (State or Foreign				
	120 16 7706	1 🖫 1M 2 🗆 F	67 YRS.			Nov. 2,192	3 Ne	w York				
NO HO	90. FACILITY NAME (If not institution, give a 10203 Dickens A	•			Bethesda Montgomery							
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Y	10c. CF	TY, TOWN OR LOCAT	ION			10d. INSIDE CITY				
	Maryland Mon	tgomery		Bethe	sda ZIP CODE		10a CIVIZCU OF	LIMITS? 1 YES 2 NO WHAT COUNTRY?				
BY FUNERAL	10203 Dickens Av	enue		2081			d States					
	11, MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE W World W	EVER IN U.S. ARMED X YES 2 NO IR OR OATES	If yes, spe	13. WAS DECENDENT OF NISPANIC ORIGIN? (Sp. If yes, specify Cuban, Mexican, Puerto Rican, 1 Tyes 2 M NO Specify:		or No— 14. RA Bis Spe	CE — American Indian, sek, White, atc. Scify: White				
	15. DECEDENT'S EDU (Specify only highest grade	(Give kind of	16e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY						
COMPLETED	Elementary/Secondary (0-12) —		Who. Do NOT use retired.) Unit Manager			Televis	ion					
	17. FATHER'S NAME (First, Middle, Last) Ralph Robin	son			18. MOTNER'S NAM	E (First, Middle, Maiden Zimmer						
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a		oute Number, City or Tow						
2	Mary Joanne Robin	son	10203	Dickens	Avenue,	Bethesda,	Maryla	nd 20814				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Commetted 3 Rem	noval from State	20b. PLACE OF DISPO				CATION — City or					
	4 Donation 5 Other (Specify)		Montgomer	Montgomery Crematorium, Inc. Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Fune:								
	> Jeffang 1 7	1	м00689	Home/Bethesda-Chevy Chase, Inc. 7557								
	23. PART Lemm the diseases, or	complications that	caused the death. Do	not entar tha mo	da of dying, such	an cerdiac or reap	iratory arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in deeth) e. MYOCARRIDIAN: IN FARCTION DUE TO (OR AS A CONSEQUENCE OF): ARTERIOS CUERTIC HARVON ASULTAK FINETTS											
,	_	ARTHO	108 CUET TI	7 CAR	or as 1 Las	K FUE	He Z	INDEF				
TIO	due to (or as a consequence of): If any, leading to immediate											
-ICA	CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST	d	- A CONGEQUENCE									
I C	PART II. Other significent condition	ns contributing to	death but not resulting	in the underlyin	g cause given in i	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDICAL				1 TES		COMPLETION OF CAUSE OF DEATH?						
ME												
AN:												
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEATN (Che							
PHYSICIAN	27. MANNER OF DEATN	INJURY OCCURED										
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	2 9/	A M 1	YES 2 10 NO	FOUND	IN B	MIKOOM				
	3 Suicide 6 Could not be	26s, PLACE O	20	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
ETE.	An CONTINUE											
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated. 2 ELEMEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) end manner se stated.											
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	ER /	1//	0	29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)				
0		6.11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
0	William Co	ser i	- The	- 0	00.7			1 31 7/				
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF SEATH (ITEM 27) (Ty)		1. R	- 1 - 1 -	//1	DA PICA				
ТО	30. NAME AND ADDRESS OF PERSON W	416 8	200 Wiese	pe, Print)	Ve Be	HESDA	Ma	20869				
ТФ	FRANCES C MI	1416 8	SE OF SEATH (ITEM 27) (7) OF WICSO R'S SIGNATURE WICKOM		Ve Bo	HESDA	Mo	20814				

Pages 1, 2, 3 should

21215-0020

BALTIMORE, MARYL

RECORDS, P.O. BOX 68760,

OF VITAL

DIVISION

with t marked,

DIRECTOR: After the hours after death vitem 28 is mark

TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

hours after death. Page 6 may be retained by

8 examiner must medical the other traumatic event, shows any Injury,

MEDICAL

PHYSICIAN:

BY

COMPLETED

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111351 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, LaSETHEL PAULINE SPOONER 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY poon 12 15 Ann 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) a. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗌 M 2 💢 F YRS. 461-22-0464 69 6-20-1921 **TEXAS** SOUTHERN TOWN OR LOCATION OF DEATH 90/DOUNTY OF DEATH GEOVGE DIRECTOR 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND **CHARLES** WALDORF 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2862 LYON COURT 20602 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2/ 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE HOMEMAKER N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surna ANCEL DUNCAN **NEOMA ROSIER** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဥ GEORGE E. SPOONER, SR. 2862 LYON COURT, WALDORF, MARYLAND 20602 20a METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Removal from Stata
4 Donesion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State MARYLAND VETERANS CEMETERY 4-19 CHELTENHAM, MARYLAND 21. BIGHATURE OF PHYRIAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. M00857 P.O. BOX 156, WALDORF, MARYLAND 20604-0156 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** mutastate Hepate Ca. disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events

resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1. Impetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 AND 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be datarmined 4 Homicide

29a. CERTIFIER

(Chank only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated.

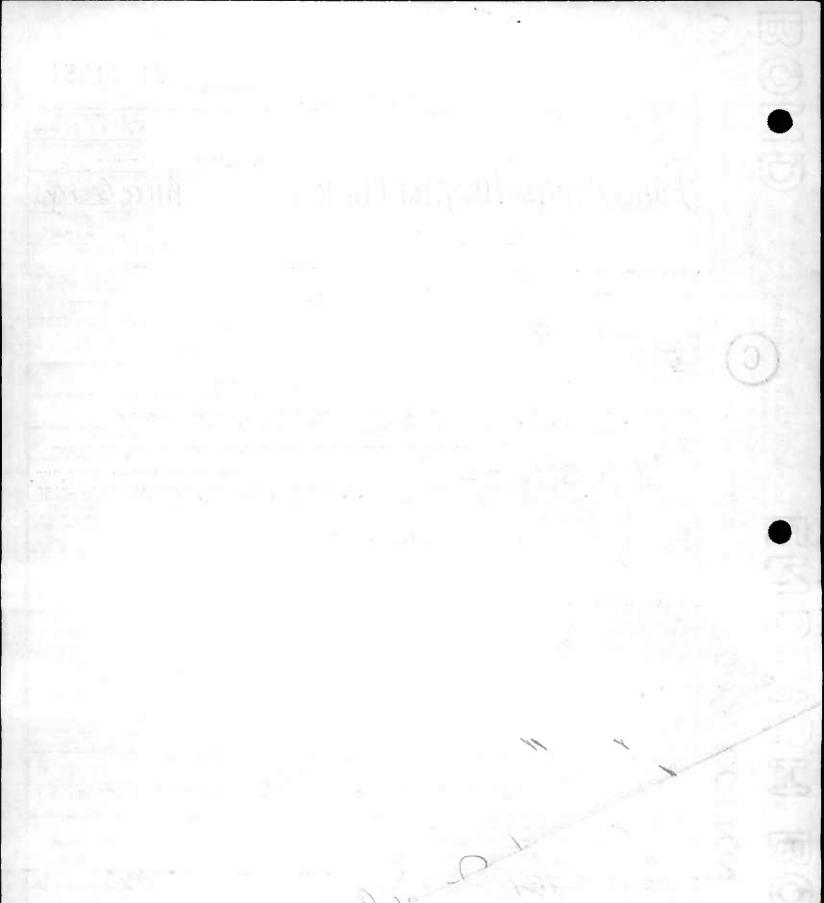
2 MEDICAL EXAMINER: On the peals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) V 4/16

126352 CAUSE OF DEATH (ITEM 27) (Type, Print) (Inton 30. NAME AND ADDRESS OF PERSON

Tisestaway O.L. HAYS

31. DATE FILED (Month, Day, Mary) Julia Davidson Randell '91



ng physician. He burial-transit permit. Pages 1, 2, 3 should

jeath.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pr

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN	E 91	11452
	1. DECEOENT'S NAME (First, Middle, Last) Ruth Louise Sa	alvatore				2. DATE OF DEATH MONTH 1	y 9 1 4	3. TIME OF DEATH 8:00 M
	219-22-5707	1 🗆 M 2 🔏 F 6	n yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH 3/20/28	Co	RTHPLACE (State or Foreign ountry) aryland
HOL	98. FACILITY NAME (If not institution, give stre Carroll County RESIDENCE OF DECEDENT		ital		inster	EATN	Carro	~
DIRECTOR	MD Bal	timore	10c. CITY	Hamps				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	19406 Graves Ri	un Road			or. ZIP CODE 21074		U.S.	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 X NO	If yes,	ECENDENT OF NISPA specify Cuban, Maxico ES 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, afc.) fy:	S	tACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		USUAL OCCUPATION OF PORTION OF PO	nost of working		blic blic l sys	
ว็	17. FATHER'S NAME (First, Middle, Last) Henry C. Gross		-			ME (First, Middle, Maiden ine Sackm	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Iouis M. Sa	alvatore		-	t and Number or Rural	Route Number, City or Yow Road, Ha	n, State, Zip Code	
	2 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Du	PLACE AND DATE emetary, cremator Lany Va	alley	Mem. Gdn	s. 4/20 I	cation — city o	um, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE Robert K. Pr			Pri		eral Home		apel minster, MD
CERTIFICATION	23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or laterathat initiated events resulting in death) LAST	DUE TO (OR AS A	iculos	arelia	brillat	ion	ratory arrest,	Approximate interval Between Onset and Death S mim
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions In Schin Depen					Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN		HOSPITAL:	ettert a 🗆 Boa	OTHER:	PLACE OF DEATH (C			
BY PHYS	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCURE	D
	3 Suicide a Could not be determined	28e. PLACE OF INJURY building, atc. (Spec		street, factory, of	fice	281. LOCATION (Street City or Town, State)	and Number or Ru	ıral Route Number,
COMPLETED	anal comp	CIAN: To the best of my knowl 3: On the basis of examination						use(a) and manner as stated.
TO BE C	Solution Oct.	no			29c. LICENSE NU 0392	96	29d. DATE SIG	HED (Mont), Opy, Year)
		MD CC 6 32 REGISTRAR'S SIGN. Julia Davidson	ATH (ITEM 27) (Type	rint) Vestm	inster.	mD 2	115	7
	31. OATE FILEO (Month, Day, Year) APR 18 '91	Julia Davidson	Mandall.					

11452

91

and the solution are small printed to the first of the fi Park and the control of E. Julia . E. Tult 7 E . Julia Did, Julia Eduli, E. J. Liller F. Jan. 120 1001 10.

and the result of the second of the

YEAR

9c. COUNTY OF DEATH

7. DATE OF BIRTH (Morith, Day, Year)

3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign Country)

16-895

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

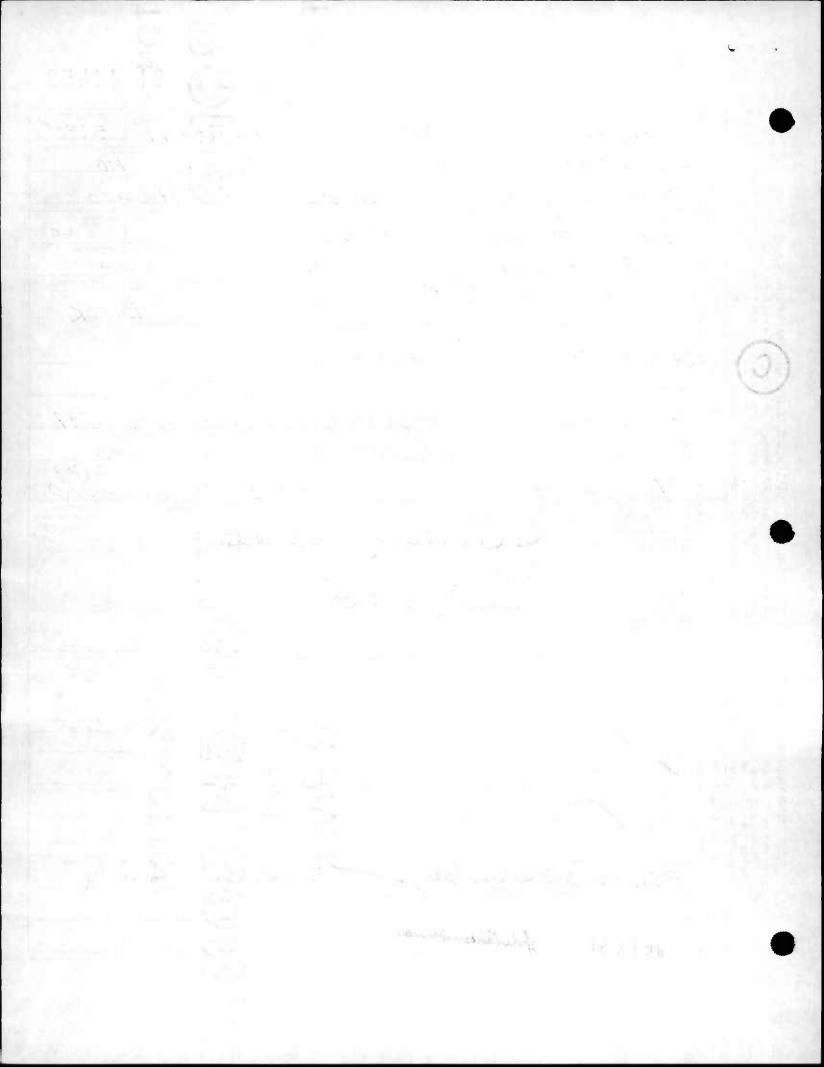
STAUTON

1 M 2 F

6. AGE (In yrs. last birthday)

YRS.

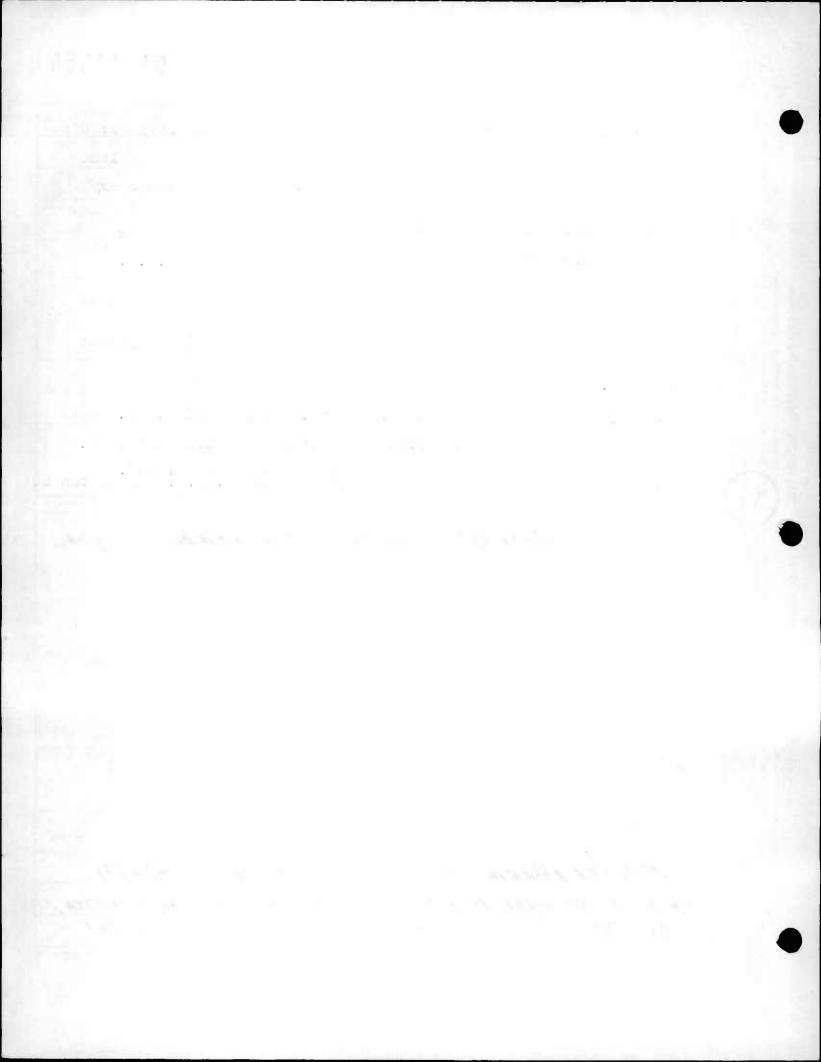
ECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT		10c. CITY, TOWN	LOCATION	-		LUARO 10d, INSIDE CITY
DIME		SWARD		DODBINE			LIMITS?
A	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
ERAL	3955 DA1	SY Rd		217	97	6	13A
BY FUN	11. MARITAL STATUB 1 Never Married 2 Tolerried 3 Widowed 4 Divorced	IV. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	2 DANO	3. WAS DECENDENT OF HISPA If yes, specify Cyten, Mexico 1 YES 2 NO Specif	en, Puerto Rican, etc.)	See or No- 1	4. RACE — American Indien, Black, White, etc. Specify:
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		le. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF B	USINESS/INDU	STRY
COMPL	DA + 3 4 EZ EMENTAL 17. FATHER'S NAME (First, Middle, Ledt)		FARM	HAND	AME (First, Middle, Meid		
	LORENZO:	STANTON		18. MOTHER'S N	TE	on sumeme)	J
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	S\$ (Street and Number or Rural	Route Number, City or 1	own, State, Zip C	Code)
임	TOWENDURAE.	STANTON	39551	PAISU Rd.	400006	MEI	KID 21797
	20e. MPTHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. P	LACE AND BATE OF DIS	SPOSITION (Name	DATE 20c.	LOCATION - CI	ty or Town, Btite
	21. SIGNATURE OF FUNERAL BERVICE LIC	CENSEE	2	2. NAME AND ADDRESS OF FA	CILITY	4119.	21784
	Hayu W.	Haight	1	HAIGHTF. 14	Box 19:	5.S.K	ESUILLE LD
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A CC	along	Faulu	ch ea cerdlec or res	piratory srre	Approximate interval Betwo
ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO	John at	non			
MEDICAL C	PART II. Other eignificent condition	na contributing to death but	not resulting in the	underlying ceuse given in		AN AUTOPSY ORMED? 2 \(\subseteq \text{NO} \)	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
[- 1		1 TYES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)		
S	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 DOA 4 N	ER: lursing Home 5 D Residence	8 Other (Specify)		
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCU	PRED
TED BY	2 Accident 3 Suicide 8 Could not be defermined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, f	actory, office	28f. LOCATION (Stree City or Town, Sta		r Rural Route Number,
COMPLET	one)	ICIAN: To the best of my knowled					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	S S Que O O COMPLETED CAUSE OF DEATH	H (ITEN 27) (Type, Dint)	29c, LICENSE NU	MBER 076	29d. DATE	SIGNED (Month, Day, Year)
- 1	30. NAME AND ADDRESS OF PERSON WI						



her must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAN		Ų.	-1111111	DAIL	/ DE	3111		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	STR	TTE (I	LUCII	LE SI	RITE)	MONTH	ril l	2 19	YEAR	1:00	
	LUCITAL 4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. lus	t hirthday)	IF UNDER 1 YE	AD IE IM	DER 24 HRS.	7. DATE O			-	ACE (State or Fo	
	577 30 2677	1 🗌 M 2 🍱 F	82		MONTHS DA		7		Day Marl		Country)	land	oreign
~	** FACILITY NAME (If not institution, give s Kensington Ga	ardens l	Nursing	Hom	e Ke	www or Local	ation of D	EATH		Mon Mon		nery	
6	RESIDENCE OF DECEDENT										-50		
낊	10s. STATE 10b. COUNT	Y			TOWN OR L						1	Od. INSIDE CITY	
DIRECTOR		ce Georg	ges	Tak	oma							LIMITS?	NO
FUNERAL	415 Ethan All	en Avenu	le			209				-	S.A.	AT COUNTRY?	
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS			NIC ORIGIN	(Specify Yea				en.
	1 🔀 Never Married 2 🗌 Married	FORCES? 1 IF YES, GIVE W	YES 2 TA	10	If yo	YES XX	iban, Maxici	en, Puarto R	ican, etc.)		Black,	- American Indi- White, etc.	
BY	3 Wildowed 4 Divorced	l					O Speci					White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S U ive kind of wo Do NOT use	SUAL OCCU ork done durir retired.)	PATION g most of wo	rking	1 -	KIND OF BUS			- A	
AP.	12	1	' Cler	rical	. Wor	k		Fr	edera	II Go	ver	nment	
	17. FATHER'S NAME (First, Middle, Last)	ad to							liddle, Meiden				
BE	Worthey E. St:	rite	197										
2	Worthey E. Str	ite	10	0610	Haye	s Av	e. S	ilve		ing,	MD	2090)2
	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Ram 4 Donation / 5 Other (Specify)	noval from State	Metro							exand		VA.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAI	ም ልካዩ ት ግ	RESS OF F	CHIT	AT. HO	ME	INC		
1	> Squeeam & C	ente				254	Carr	oll	AL HO	W	Wash	ingto	n Do
	23. PART I. Enter the diseeses, or shock, or heert fellure.	complications tha	t caused the de	eth. Do no	ot enter the	mode of	dying, suc	ch se cerd	lac or respi	ratory srre	st,	Approxim	
r	IMMEDIATE CAUSE (Final	1. 0							4			Onset en	
	disease or condition resulting in death)	· Mele	states	. 90	Eco	cee	Ca	reen	con	632		9,50	
		DUE TO	(OR AS A CONSE	DUENCE OF	:								
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSE	OUENCE OF	:								
<u>S</u>	cause. Entar UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONSE	OUENCE OF									
H	that initiated events resulting in death) LAST	d	(31171071 001102	0021102 01 /	•							1	
5	PART ii. Other significent condition	ns contributing to	deeth but not a	neulting is	the unde	dvina ceus	e alven ir	Dart I	24a. WAS AN	ALITTOPRY /	- 245)	VERE AUTOPSY F	THENOG
₹	There is detailed a symbolic container	- continuently to		esuiting ii	i tila dilida	lying caus	o givan ii		PERFOR	MED?	1 7	MAILABLE PRIOR	TO
				-				- 1	1 TYES 2	NO		OF DEATH?	CO.
- 1								- 1			'	TES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL					8. PLACE O	E DEATH (C	h-at-ant-a-	-)		Щ.		
PHYSICIAN:	EXAMINER?	HOSPITAL:	ES/Outcettest 6		OTHER!	-	,						
48	27. MANNER OF DEATH	1 Inpatient 2		28b. TIME	4 Mursing	c. INJURY AT		-	CRIBE HOW I	NIURY OCC	IRED		
	1 Natural 5 Pending	(Month, L		INJU	JRY	WORK?					J1120		
D BY	2 Accident investigation 3 Suicide 6 Could not be		OF INJURY — At he atc. (Specify)	ome, farm, si	reet, factory,	offica			ATION (Street of Town, State)		r Rural Ro	ute Number,	
TED	4 Homicide determined							J,	- Novin, Otaloy				
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN												
8		1	Aurinitation and/or	mveatigation	i, in my opin				and place, an			C ACHIE	CONTR.
B	296. SIGNATURE AND TITLE OF GERTIFIE	places	w , 4	1.5.		29c.	DO 9	IMBER 1834	7	29d. DATE	1/2	Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W			, , , , ,	Print) 372	5 FA	IRRA	607	AUF	- KE	WS.	NGTO	v u
_	10-11 2-1 64 14	/	. 1 / / /		-	100			7	- /	/		0 10 TEV
	31. DATE FILED (Manth, Day Year	32. REGISTA	A'S SIGNATURE	ndelle.							~	NGTO.	7



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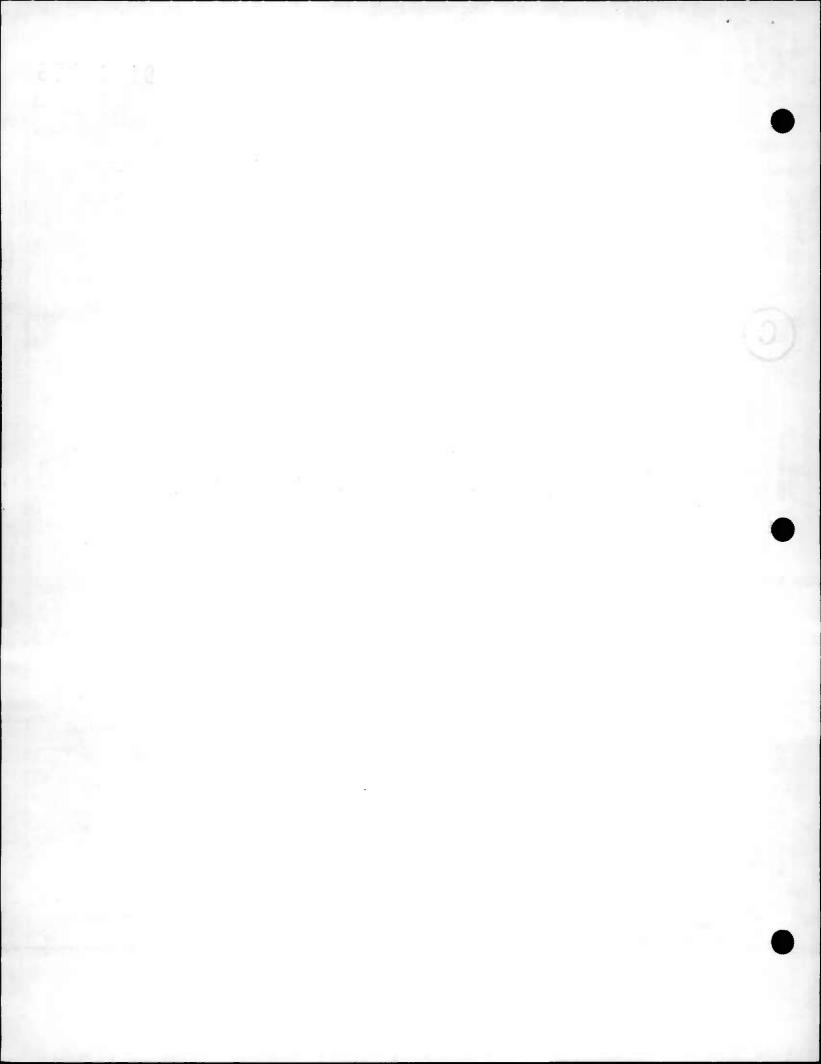
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	ding	Hygier	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or oth
death	afte	ental	ž
the	y the	M	를
that	Pg Da	th ar	any
uires	Sign	Heal	£ 2
red	Deen	0.	종
S Jaw	has 1	Dept	23
Ë	cate	state	item
CIAN	ertifi	the S	0
HAS	his c	with	Ked,
VG P	ter t	ath	Ta l
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TE .	6	afte	28
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TAL	M	2	=
HOSP	FUNE	within	TANT
뿚	뿔	pa	힑
2	2	pe	国
ć	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	De filed within 72 hours after death with the State Dept. of Health and Mental Hygier)
			- 1

	REGISTRAR		CER	IFICALE	JE DEATH	REG. NO	J.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
	Raymond John S	tockero				April 10	-		5:30 P M
	4. SOCIAL SECURITY NUMBER 5.	S. SEX B. AGE	(In yrs. last birth	day) IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
	379-09-9911	1 52 M 2 □ F	77 Y	RS. MONTHS D	HOURS MIN.	(Month, Day, Year) March 17	1914	Country)	higan
	9e. FACILITY NAME (If not institution, give street			9h CITY TO	WN OR LOCATION OF			NTY OF DEAT	
l cc				522		JEAN III	1		
2	Shady Grove Adven	tist Hospit	tal	Ro	ckville		Mo	ntgom	ery
[[10a, STATE 10b, COUNTY	-	100	CITY, TOWN OR	OCATION				d. INSIDE CITY
DIRECTOR									LIMITS?
	Maryland Mont	gomery		Bethes					YES 2 X NO
ERAL	100. STREET AND NUMBER				10t. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
Ü	5834 Conway Road				20817		Ur	ited	States
FUN		2. WAS DECEDENT EVER : FORCES? 1 YES				ANIC ORIGIN? (Specity Y can, Puerto Rican, atc.)	es or No—	14. RACE — Black, W	American Indian,
BY F	1 Never Merried 2 X Married	IF YES, GIVE WAR OR		16	YES 2 X NO Spec	elfy:		Specify:	
	3 Widowed 4 Divorced			l l					White
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION	16a. DECEDE	NT'S USUAL OCCU	PATION	16b. KIND OF B	USINESS/INI	DUSTRY	
Щ		College (1-4 or 5+)	life. Do N	d of work done duri IOT use retired.)		ļ			
_ ₫	12		Me	chanic		Ai	rline	2	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S I	AME (First, Middle, Maide			
	Joseph Stockero				Tugs	ina Stocke			
# H	19a, INFORMANT'S NAME (Type/Print)		10h MA	II ING ADDRESS /S		I Route Number, City or To		n Cordel	
TO BI	1,7,2			S. Charles S. Line and C. Control of the Control of					
	Anna L. Stockero	1				thesda, Ma			
aust be	20a METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	al from State	other place)		of cemetery, crematory of			City or Town	
	4 Donation 5 Other (Specify)				ial Cemet		ystal	Falls	,Michigan
ē	21. SIGNATURE OF FUNERAL SERVICE LICEN	0	M00381	. 22. NA RO	ME AND ADDRESS OF	FACILITY Imphrev Fui	neral	Home/	
examinor	Barbara Jo Mc	mullen da	whence	Be	thesda-Che	mphrey Fur evy Chase, lesda, Mary	Inc.	7557	Wisconsin
	23. PART I. Enter the diseases, or con		d the death						
medical	shock, or haert fallure. Lis			DO NOT SHIEF IN	i mode of dying, si	och aa estellae of rea	ipiratory ar	reat,	Approximate Interval Between
9	IMMEDIATE CAUSE (Final								Onset and Death
=	disease or condition resulting in death) s.	175PH	YXIA	-/	FYPOXE	EMILT			MINUTE
event,		DUE TO (OR AS	A CONSEQUEN	CE OF):					
	C h.	DUE TO (OR AS PLATELS 7 DUE TO (OR AS	ORF	-IBRIN	BRONCHI	AL CAS	7		15 MINUTE
traumatic ATION	Sequentially fist conditions, If any, leading to immediate								
E S	CAUSE (Disesse or injury	THROMI	BOCY	TOPEN	IA				MONTHS
al e	thet initiated events	DUE TO (OR AS							11/
y, or other traumatic	resulting in death) LAST	SMALL	CELL	- CAR	CIMOMA	OFL	UNG	_	ITEAR
Injury,									
WS any inju	PART II. Other significent conditions	contributing to deeth	but not resul	ting in the unde	rlying ceuse given		AN AUTOPSY ORMED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
SC a	SEVERE DI	FFUSE	17/1/2	OMOMI	117	1 _ YES	2 KNO		OMPLETION DF CAUSE F DEATH?
	OF UNDETE	RMINED	CI	TUSE				1	☐ YES 2 ☐ NO
를 구 구	BRONCHOSO	PAO							
AN IS	25. WAS CASE REFERRED TO MEDICAL	-			28. PLACE OF DEATH (Check only one)			
item SICL		HOSPITAL: 1 ∰ Inpatient 2 ☐ ER/Ou	tootlant 3 🗆 🗈	OTHER:	Home 5 - Besidens	- B - Other (Specific)			
ĕ <u>×</u>	27. MANNES OF DEATH	28a. DATE OF INJURY			Home 5 Residence	28d. DESCRIBE HOW	N IN HIDY OF	YHDED	
marked, BY PH	1 Natural 5 Pending	(Month, Day, Ybar)		INJURY	WORK?	200. DESCRIBE NO	INJUNI O	CONED	
B A	2 Accident Investigation				1 YES 2 NO				
	3 Suicide B Could not be	28e. PLACE OF INJUF building, atc. (Sp		erm, street, tector	, offica	28t, LOCATION (Stree City or Town, Ste		er or Rural Rou	ite Number,
<u>∞</u> □	a Conta not be								
28 is TED	4 Homicide B Could not be determined								
em 28 is ETED	4 Homicide detarmined	AN: To the best of my kno	wledge, dasth o	occurred at the time	, data and place, and c	us to the cause(s) and r	nenner as st	nted.	<u></u>
Item 28 is PLETED	4 Homicide determined	AN: To the bast of my kno							and menner ea stated.
Item 28 is PLETED	4 Homicide detarmined 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:				ilon, death occured at 1	ha time, data and place,	and dua to	tha cause(a) a	
Item 28 is PLETED	4 Homicide detarmined 29s. CERTIFIER Check only					ha time, data and place,	and dua to	tha cause(a) a	ind menner ea stated.
PORTANT: If Item 28 is BE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29e. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	on and/or Inves	tigation, in my opi	ilon, death occured at 1	ha time, data and place,	and dua to	tha cause(a) a	
Item 28 is PLETED	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29e. SIGNATURE AND TITLE OF CERTIFIER		on and/or Inves	tigation, in my opi	ilon, death occured at 1	ha time, data and place,	and dua to	tha cause(a) a	
PORTANT: If Item 28 is BE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29e. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	on and/or Inves	tigation, in my opi	ilon, death occured at 1	ha time, data and place,	and dua to	tha cause(a) a	
PORTANT: If Item 28 is BE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29e. SIGNATURE AND TITLE OF CERTIFIER	CONPLETED CAUSE OF DE HUMAN	PEATH (ITEM 27)	tigation, In my opi	ilon, death occured at 1	ha time, data and place,	and dua to	tha cause(a) a	

4.3

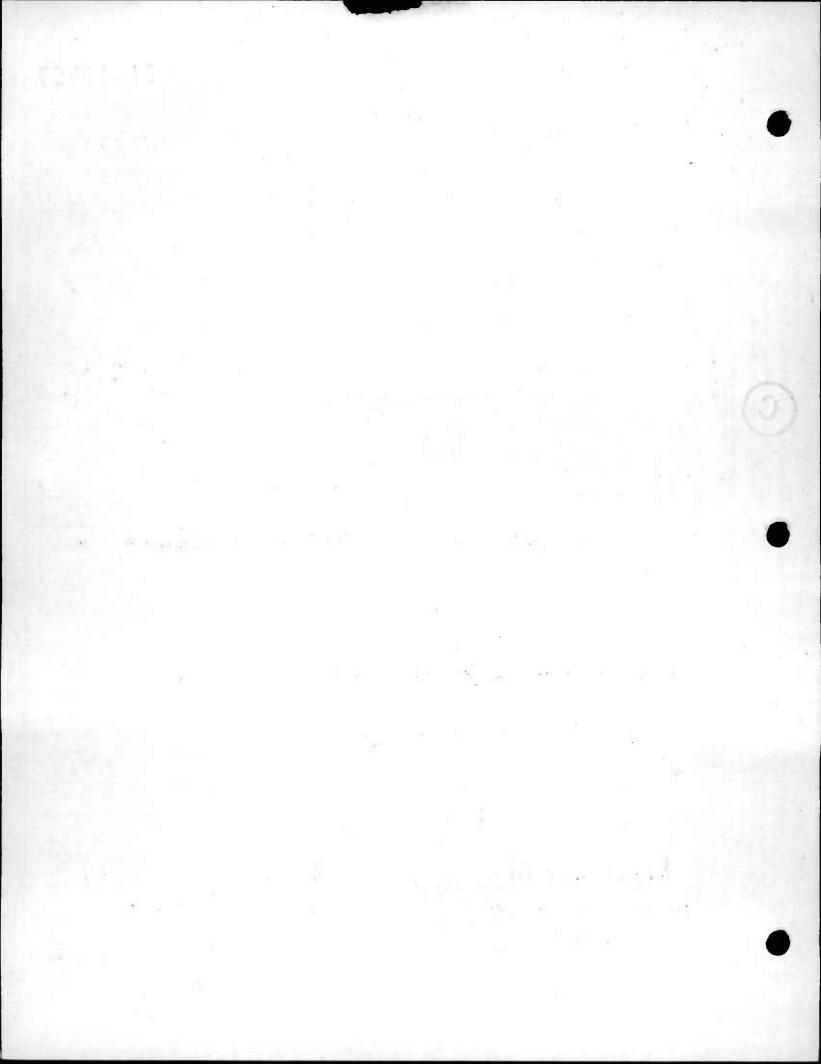
BALTIMORE, MARYLAN

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND			HEALTH AND	MENTAL HYGIEN		11430
	1. DECEDENT'S NAME (First, Middle, Last)	lirgi	8+	evoi	15-	2. DATE OF DEATH	v ve	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	14.76		IF UNDER 1 YEAR	-	7. DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry)
	219-18-0856 9a. FACILITY NAME (If not institution, give street a	70	7,775	9b. CITY, TOW	N OR LOCATION OF DI	June 5, 1	920 Ma	
5	HOLY CLOSS HOSP,	efal		Silver	Spring		Montgo	omery
	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
5	Maryland Montgo	mery	Sil	ver Sp			Las arrivativ	1 TYES 2XXNO
	1913 Dennis Avenue			Ì	10f. ZIP CODE			OF WHAT COUNTRY?
		WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS 0	20902 DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea		ed States PACE — American Indian, Black, Whita, atc.
		FORCES? 1 1 YES 27 IF YES, GIVE WAR OR DATES		If yes,	specify Cuban, Mexica ES 2 NO Specif	n, Puerto Rican, alc.) y:		Specify: White
3	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		. DECEDENT'S L	ISUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUST	īΥ
		llega (1-4 or 5+)						
E I	12 17. FATHER'S NAME (First, Middle, Last)	_ I	<u> Iomemak</u>	er	48 MOTHER'S NA	OWN ME (First, Middle, Maiden		
5	William Herbert Ber	ry Downs			Ser Service		Surramej	Can.
	19a. INFORMANT'S NAME (Type/Print)	Ty DOWNS	19b. MAILING	ADDRESS (Stre		ae Case Route Number, City or Tow	n, State, Zip Code	9)
-	Sharon L. Purcell					e. Silver	Spring	MD 20906
	29s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramoval to	rom State othe	er place)		cemetery, crematory or		CATION — City	
	4 □ Dogation 5 □ Other (Specify) 21. SIGNNEURE OF PUNERAL RETIVICE LICENSE		rklawn		al Park	Roc	kville,	Maryland hrey Funeral
	* April E. le	su.	M00803	ноте	\ KOCK ATTT	e, Inc. 30	00 West	Montgomery
	23. PART I. Enter the diseases, or companock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiacer	line.	ot enter tha	mode of dying, suc	ch se cardiec or reap	iratory arrest,	Approximats interval Batween Onset and Death
NOIS	Sequentially list conditions, if smy, leading to immediate	DUE TO (OR AS A CONDUCTION OF THE TOTAL OR AS A CONDUCTION OF	in 16	2200	Farlung	2	1 0	
< I	Cause. Enter UNDERLYING CAUSE (Disease or injury	Jornal	ر لا	cut	negue	rduit to	face	lac
ביווג	that initiated events resulting in death) LAST	DUE TO (OR AS A COR	eub	Sil	in Do	ua.	7	
5	G			V -	/			
3	PART II. Other significant conditions co	100		Ave		Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Deul R	end	Fait	Que		1 □ YES 2	NO	OF DEATH?
	Romble	Sente	N	Local				T LES Z L NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	COLTA!			PLACE OF DEATH (C	heck only one)		
PHISICIAN	1 TES 2 DINO NO	SPITAL: Impatient 2 ER/Outpatier	nt 3 🗆 DOA	OTHER: 4 - Nursing I	fome 5 - Residence	8 Other (Specify)		
פז אם	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	:D
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, s	treet, factory, o	office	261. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On	: To the best of my knowledge in the basis of examination an						ruse(a) and menner as stated.
2	29b. SIGNATURE AND TITLE OF CERTIFIER	una C	70		29c. LICENSE NU	MBER CC2	29d. DATE SK	GNEO*(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	4.0.	Print) G	1912 Al	orman S	10 2	085-3
	31. DATE FILED (Month, Day, Year) APR 12 391	Julia Davidson	Andell.					



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARMAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within zermours after death. Page 6 mm are hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and 5 mounts and activity the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O NOISION O	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If item 28 is marke

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN		1 11421
1. DECEDENT'S NAME (First, Middle,	chaefer RUTH		CHAEFER	2. DATE OF DEATH DO		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-03-9952 96. FACILITY NAME (# not Institution,	1 🗆 M 2 💢 F	84 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	AUG. 20, 1	.906 M	BIRTHPLACE (State or Foreign Country) ARYLAND
7.1377.07	LLS NURSING	HOME	WHEATON	DEATH	9c. COUNTY	
10a. STATE 10b. C	OUNTY		OWN OR LOCATION VER SPRING			10d. INSIDE CITY LIMITS? 1 TYES 2X NO
10e. STREET AND NUMBER 3386 CHESTWIC	CK COURT		101. ZIP CODE	20906		OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2X NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Spe	ANIC ORIGIN? (Specify Years, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEOENT' (Specify only highes Elementary/Secondary (0-12) 1 2	S EDUCATION I grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re SECRETAR	done during most of working ired.)	HOTEL	SINESS/INOUST	RY
17. FATHER'S NAME (First, Middle, La				NAME (First, Middle, Maiden	Surname)	
ELISHA 19a. INFORMANT'S NAME (Type/Print	JAMES	19b, MAILING AD	EMMA DRESS (Street and Number or Rur		CANBY	(a) 2000(
FREDERICK C.	SCHAEFER (HUSB.		CHESTWICK COU			20900
20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV	Removal from State	other place)	AVEN CEMETERY FRANCISSOSS & 6 500 UNIVERSI	SIL SELINS FUNE	RAL HO	RING, MARYLAN
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	SICBRAID SYN	DRONK W/)	ENEW T.	A YLS
PART II. Other algorificant cor	ditions contributing to death	but not reaulting in t		DEDEO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	,	7.				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (Check only one)		
1 TYES 2 NO	1 □ Inpatient 2 □ ER/Out 28s. DATE OF INJURY	petient 3 DOA 4	Nursing Home 5 - Residence	e 6 Other (Specify) 26d. DESCRIBE HOW	IN HIRY OCCUR	ED
Netural 5 Pending	(Month, Day, Year)	INJURY Y — Al home, ferm, street	WORK? 1 YES 2 NO	26f. LOCATION (Street		
3 Suicide 8 Could a 4 Homicide determi	building, etc. (Sp.	ecify)	n, rectory, office	City or Town, State		nurer House Nurrices,
anal -	PHYSICIAN: To the best of my know					ause(a) and manner as stated.
29b. SIGNATURE AND TITLE GEORGE	ATTIFIER MY		29. LICENSE			GNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERS		EATH (ITEM 27) (Type, Pri	3720 FA	MAGUT DI	208	75
31. DATE FILED (Month, Day, Year)	32. RÉGISTRAR'S SIG	1 -		7		



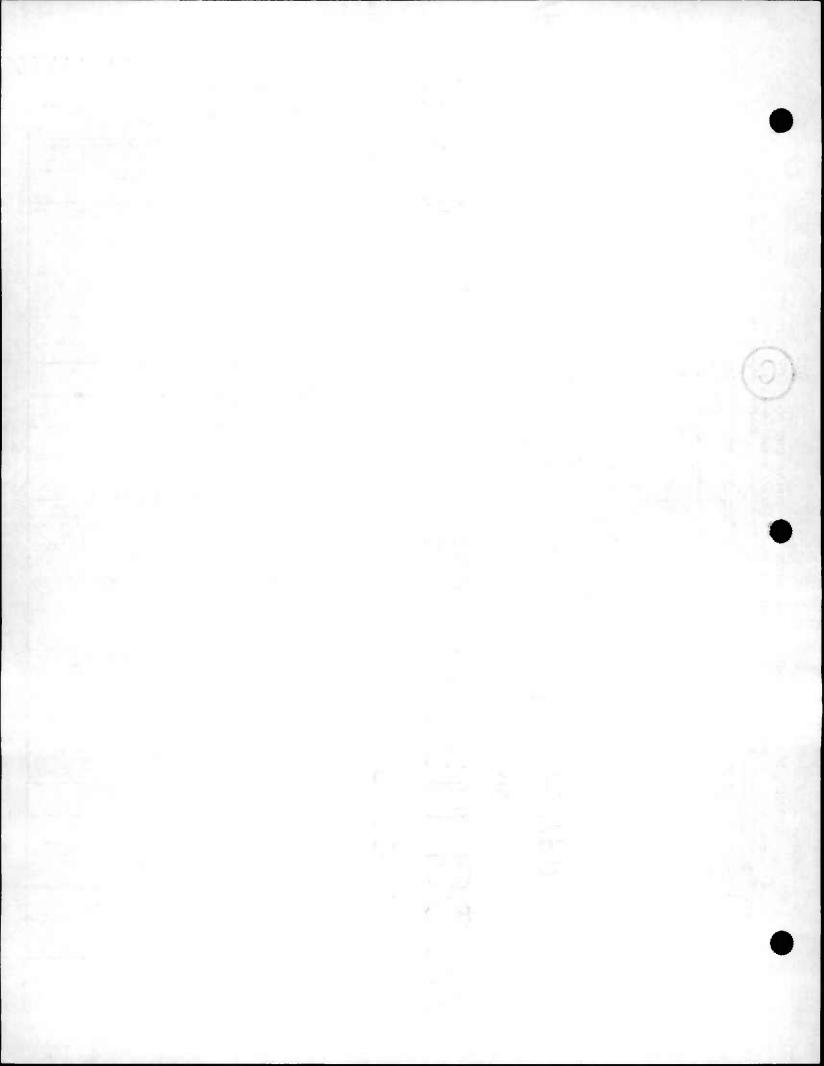
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BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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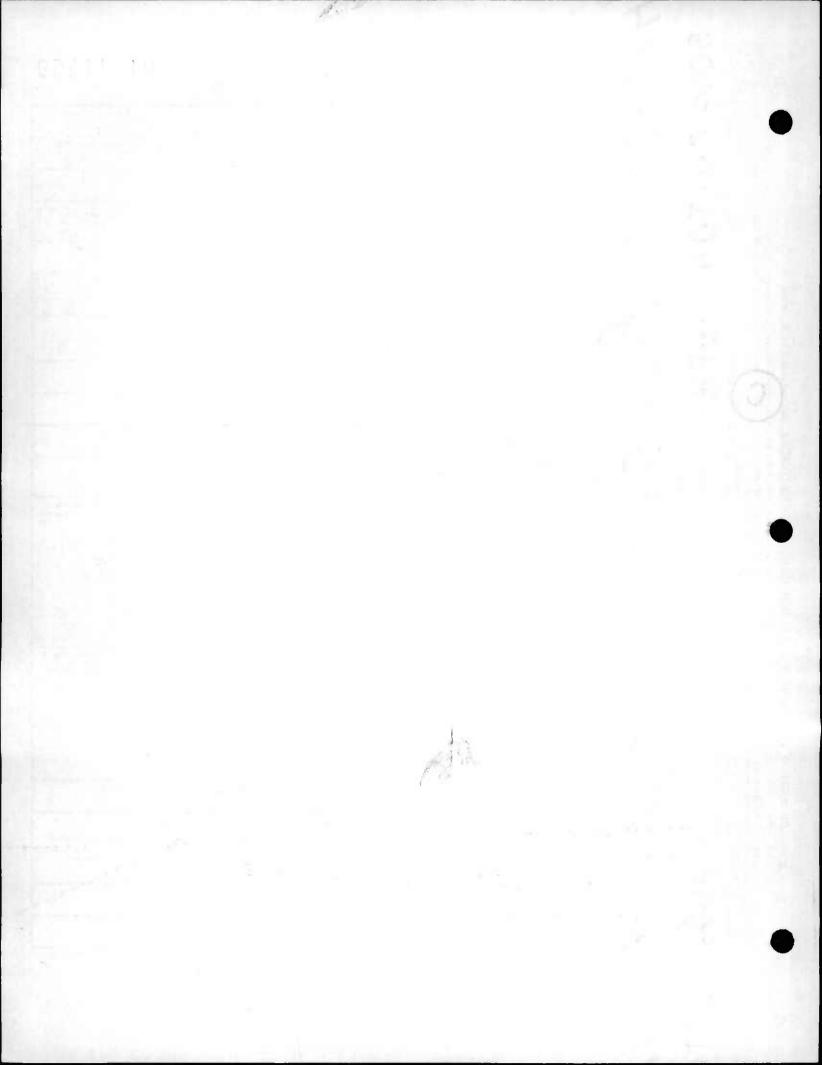
,	FOR STATE REGISTRAR	STATE OF I					ALTH AND I	MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) AGNES	C.			ATTER			MONT	OF DEATH	199	YEAR	3. TIME OF DEATH 7:30 P
	4. SOCIAL SECURITY NUMBER 577-62-2993	5. SEX 1 ☐ M 2 🙀 F	6. AGE (In yrs. Ia 100	st birthday) YRS.	IF UNDER t	_	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH b, Day, Year) 26,18	91	Count	HPLACE (State or Foreign ry) SACHUSETTS
TOR	98. FACILITY NAME (If not institution, give to FOX CHASE NURSING RESIDENCE OF DECEDENT	Account to control					SPRING	EATH		9c. cour	TGON	
DIRECTOR	10a. STATE 10b. COUNT	r GOMERY		10c. CIT	Y, TOWN OR		EATON			П		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3529 OLYMPIC ST	TREET					ZIP CODE				ZEN OF	WHAT COUNTRY?
à l	11, MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDER	T EVER IN U.S. A YES 2 X MAR OR DATES		H	AS DECE	NDENT OF HISPAI city Cuban, Maxica NO Specif	n, Puerlo	I? (Specify Ye Rican, atc.)		14. RAC Blac Spec	E — American Indian, k, Whita, etc. #y: VHITE
COMPLETED	15. DECEDENT'S EOL (Specify only highest grade Elamentary/Secondary (0-12)		+)	Give kind of e. Do NOT u		CUPATION ring most	N t of working	16b	. KIND OF BU			
NO.	17. FATHER'S NAME (First, Middle, Lest)		I SE	CRETA	IKY		18. MOTHER'S NA	ME (First,	EMBAS Middle, Maiden			
BEC	PATRICK SCANLON						CATHI	ERINE	MAY			
2	19a. INFORMANT'S NAME (Type/Print)	/=					d Number or Rural					
	JOAN A. SPEAKE	(DAUGH			LYMP I		TREET WI	HEATO	_	RYLAN DOCATION —		
	1X Buriet 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata		y, cremator	or other pla	ce)	Ivaine	DAI				IRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Bus	de	01011	FRA	AME AND	S J. COI	LINS	FUNE	RAL H	OME,	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. OUE TO	use on each lin	EQUENCE O	Head		Faulu Hice		diec or resp	iratory em	est,	Approximate Interval Between Onset end De
PHYSICIAN: MEDICAL C	PART II. Other significent condition. Remains	Fau CWA.	death but not	resulting	in the und	lerlying	cause given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Y Y	25. WAS CASE REFERRED TO MEDICAL			-		28. PL/	ACE OF DEATH (C)	neck only o	ne)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	:	5 🗆 Residence					-
높	27. MANNER OF OEATH	26a. DATE O	F INJURY Day, Year)	28b. TII	-	28c. INJL	IRY AT	_	SCRIBE HOW	INJURY OC	CURED	
à l	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE	AN	χ ·	M street, factor	1 🗌 Y	ES 2 NO	28f. LOC City	CATION (Street or Town, State	and Number	or Rural	Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of IER: On the basis of										(s) and menner as stated
TO BE CO	201. SIGNATURE AND TITLE OF CERTIFIE	RAVI	PASSI,				29c. LICENSE NU D 286			29d. DAT	0	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	SECOND	ISE OF DEATH (IT AV E) AR'S SIGNATURE		SU	ITE	404 B	· .	SILVI	er s	PEN	G ND.2097



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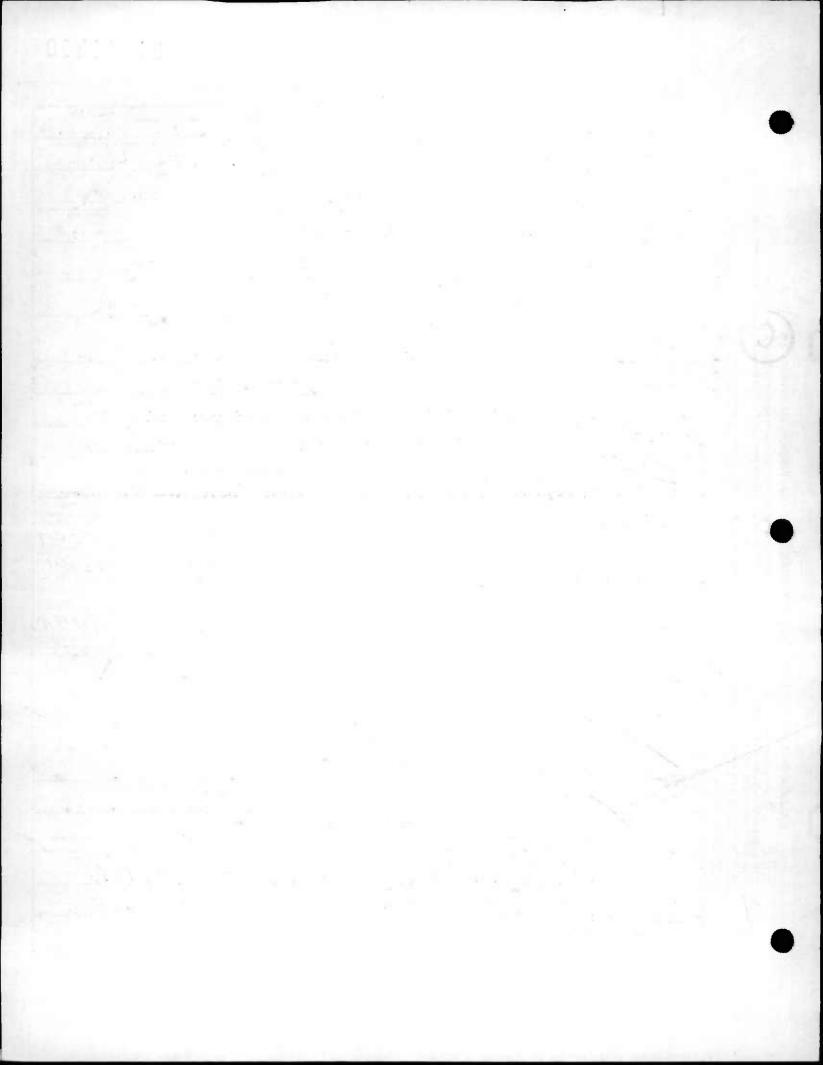
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).						
	1. DECEDENT'S NAME (First, Middle, Last)						DAY YEAR						
		LANDON				April 9	, 1991	10:12 a					
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bit	RTHPLACE (State or Foreignitry)					
	233-10-7185	1 🔀 M 2 🗆 F	85 YRS.			Aug. 29	, 1905	KANSAS					
	9e. FACILITY NAME (If not institution, give si		nder 1		OR LOCATION OF D	EATH	Mont of						
5	Montgomery Ge	eneral Hos	pital	011	ney		Montgo	лиегу					
3	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY					
DIRECTOR	MARYLAND MON'	TGOMERY		SILVER	SPRING			LIMITS?					
- 1	10s. STREET AND NUMBER	IGOILERI			f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?					
FUNERAL	3400 ISLAND CREEK	COURT			209	906	USA						
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	e or No- 14, R	ACE — American Indian.					
	1 Never Married 2 Married	FORCES? 1 YES		if yes, sp	S 2 NO Specific	nn, Puerto Rican, atc.) ly:		leck, White, etc. pecify:					
	3 X Widowed 4 Divorced						I WH	ITE					
u [15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	Work done during me		18b. KIND OF BU	JSINESS/INDUSTR	4					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u		omn err	non D							
COMPL	17. FATHER'S NAME (First, Middle, Last)		PRESIDE	NT STONE	E STRAW (
- 1		I CEOUE			CONTRACTOR OF THE PARTY OF	AME (First, Middle, Maide							
N N	LINTON CAMPBEL 19a. INFORMANT'S NAME (Type/Print)	L STOUT	405 4444 414	ADDRESS CO.		TINE HALST							
2	Carlotte and Carlo	ITT ID (CON)				Route Number, City or To							
	LANDON CLARKE STO		b. PLACE OF DISPO			ESTON, TEX	AS 7755						
	1 Burial 2 X Cremation 3 Rem	oval from State	other place)										
	4 Donation 5 Other (Specify) METROPOLITAN CREMATORY ALEXANDRIA, VIRGI												
	FRANCIS J. COLLINS FUNERAL HOME, INC.												
_	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximate												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE O	ne fi				5 ys					
	resulting in death) LAST	4						İ					
_	2477 11 201 1 101 1 101												
DICAL	Chteri selesti			in the underlyin	/	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FIN MAILABLE PRIOR TO					
EDIC					colon	1 YES	2 🗆 NO	OF DEATH?					
Σ	Concer. Une	unic, Th	hrombo	extitus	me	_		1 YES 2 H					
PHYSICIAN:	Posable mye	odysplast	u sy	wdron									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	4	OTHER:	LACE OF DEATH (C)								
2	1 YES 2 NO 27. MANNER OF DEATH	1) Inpatient 2 - ER/Our				6 Other (Specify)	101 11 1000						
	1 Natural 5 Pending	(Month, Day, Year)		JURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED	,					
2	2 Accident Investigation	28e. PLACE OF INJUR	IV — At home farm		YES 2 NO	261. LOCATION (Street	and Mumber 0	mi Doube Muss bus					
3	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp.	ecity)	ower, rectory, offic	-	City or Town, Stat		ег годин Ритова					
4	29e. CERTIFIER												
M P	(Check only	CIAN: To the best of my kno											
COMPL		R: On the basis of examinati	on end/or investigati	on, In my opinion,	death occured at the	e time, date end place, o	and due to the cau	se(s) and manner as sta					
u l	296. SIGNATURE AND TITLE OF CERTIFIE	A TI	7 7)	29c. LICENSE NU			NED (Month, Day, Year)					
2	- Harit	c , creek	-/(-	/	1130	13 E	10,	1661 26					
	30. NAME AND ADDRESS OF PERSON WH												
	DONALD E. DILLON	, M.D. 3701	ROSSMOOR	BLVD. S	SILVER SH	PRING, MD.	20906						
	31. DATE FILED (Month, Day, Year) Q1	32. REGISTRAR'S DE	HOSON Agnos	002									
- 1	AFT TE U												



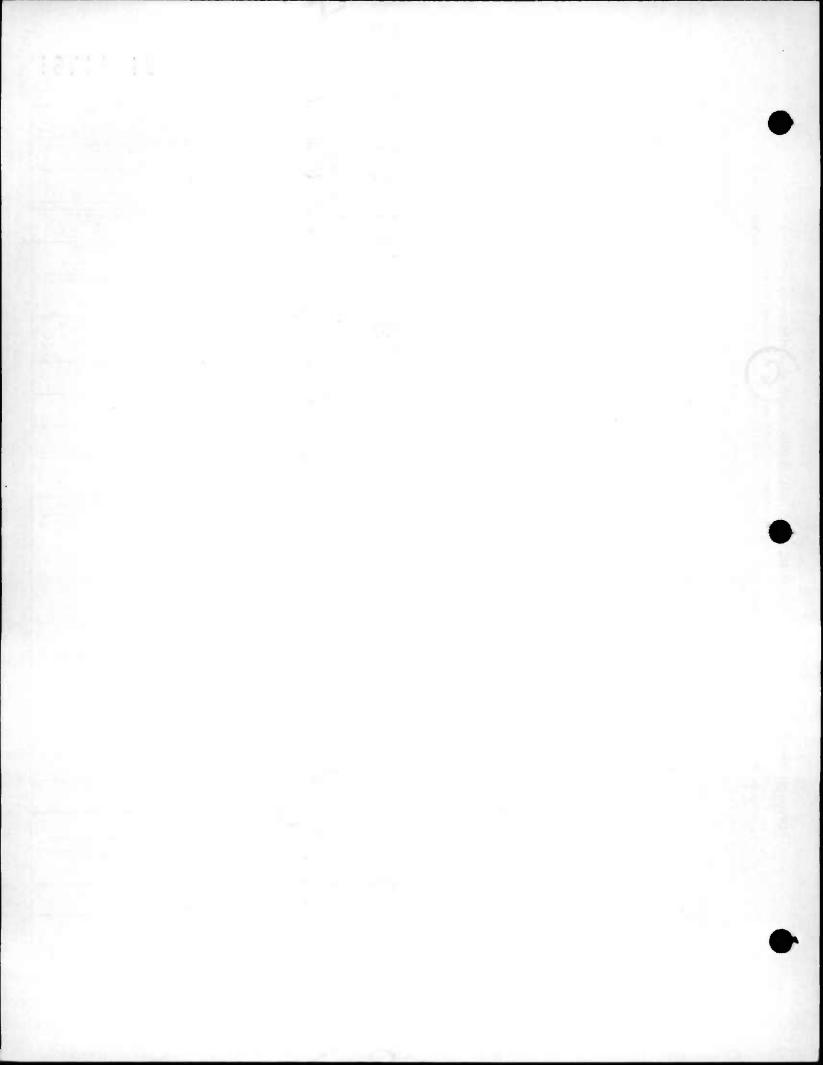
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	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained for		resure is them 90 to marked or them 92 shows any injury or other traumpile event the medical exeminer must be notified of once
	funeral		nimex
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	10	remo	dies
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	y fille	tion,	4
	mpletel	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Puent
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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / CE				DEAT		MENTAL	HYGIEN REG. NO.	E		-
	1. DECEDENT'S NAME (First, Middl	le, Last)							2. DATE O	F OEATH			. TIME OF DEATH
	John W.	Snowd	en, Jr.						Apri	1 9,	19	91	8:00 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE DE	Day Viser)		8. BIRTHPL Country)	ACE (State or Foreign
	579-07-5292	1 🙀 M 2 🗆 F	70	MONTHS	DAYS	HOURS	MIN.	10. 100			00 "	aryland	
	9a. FACILITY NAME (If not institutio	and the second second			9b. CITY	, TOWN D	R LOCATIO	N OF OE	ATH	тн			
DIRECTOR	Montgomery	General	Hospita	1)lne	y				Mon	tgome	ery
EC		COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	TION		-			1	Dd. INSIDE CITY
	Maryland	Montgome	ery	,	Silv	er	Spri	ng				- 1,	LIMITS?
A	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
Ä	3411 Norbec	k Road					2	090	16			USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI 1 ☆ YES 2 │ N WAR OR DATES 【】			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					or No-		- American Indian, White, etc. Black
COMPLETED		T'S EDUCATION est grade completed)	16a. DEC	CEDENT'S	USUAL O	CCUPATIO	ON ast of workin	n n	16b. K	IND OF BUS	BINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 6	+1				et of working						
MP.	7th		Ma.	TILLE	enac	еР	ipef					SSC	
8	John W. Sn						15500	112121212	ME (First, Mic		-		
8	19a. INFORMANT'S NAME (Type/Pri			MAII IN	ADDRES	R /Street a			E .			0-41	
2	Kathleen V.	Snowden										ing,	20906 MD
	20a. METHOD OF DISPOSITION 20a Burlal 2 Cremation 3 4 Donation 6 Other (Special Control of Control		Linco	51n	SITION (M	k C	emet	etory or ery				City or Town	,
	21. SIGHATURE OF FUNERAL SER			1	22.	NAME A	ND ADDRES	S OF FAC	CILITY				
	gou	JE K.P	how	Do	4 S	NOW OCK	$ extsf{DEN}$	FUN E,	ERAL MD 2	HOM 0850	E, F	.A.	
	23. PART I. Enter the disease shock, or heart	s, or complications the	at caused the dec	ath. Do	not enter	the mo	de of dyl	ng, suct	h aa cardie	oc or reapi	ratory an	rent,	Approximate interval Between
	IMMEDIATE CAUSE (Firm) disease or condition resulting in death) Cardio-pyrimonary Arrest ARDIO-FILMONARY One											Onset and Death	
_		- July 1	1971410011859	JA1	Pemø	rrh	age	210	RR	HAS	15		TERM
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC										
FIC	CAUSE (Disease or Injury that initiated events	C DUE TO	P C I P	WENCE O	OF):	1	-			-			Marin
H	resulting in death) LAST	a. CA	RCIP	OM	A	4	UN	9	, 5	P JA	MOU	5	1001H
- 0	PART II. Other significant co	onditiona contributing t	death but not n	esulting	In the w	odertvio	a cause o	ihen in	Part I	4s. WAS AN	AUTOPEV	245.8	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 YES 2	IPNO.	٩	OF DEATH?
Σ.									-			Ι,	YES 2 NO
A	25. WAS CASE REFERRED TO MED	DICAL				26. PI	LACE OF D	EATH (Chi	ack only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 Re	sidence	6 Other	(Specify)			
¥	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TII	-	28c. IN.	URY AT			RIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pendi 2 Accident Invest	ng igation	July 1027		M		YES 2] NO					
COMPLETED		t not be building	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCAT City or						TIDN (Street in Town, State)	and Number	or Rural Ro	ute Number,	
MPLE	anal	G PHYSICIAN: To the best of EXAMINER: On the basis of											and manner on stated
	1	ERRIFIER DA O	08				29c. LICE			, , , , , , , , , , , , , , , , , , ,			Day, Year)
TO BE	Donald R.	Lewis. M	D. Vous	Ny	- Del	>	DC	69	400	6	Þ 5	19	191
	30. NAME AND ADDRESS OF PER	LNEY-L	AYTON	27)	Ame	(14	15	4,	Ma	٠.	20	83-
	31. DATE FILED (Month, Day, Year)	32. REGISTI	Davidson	Rande	02								

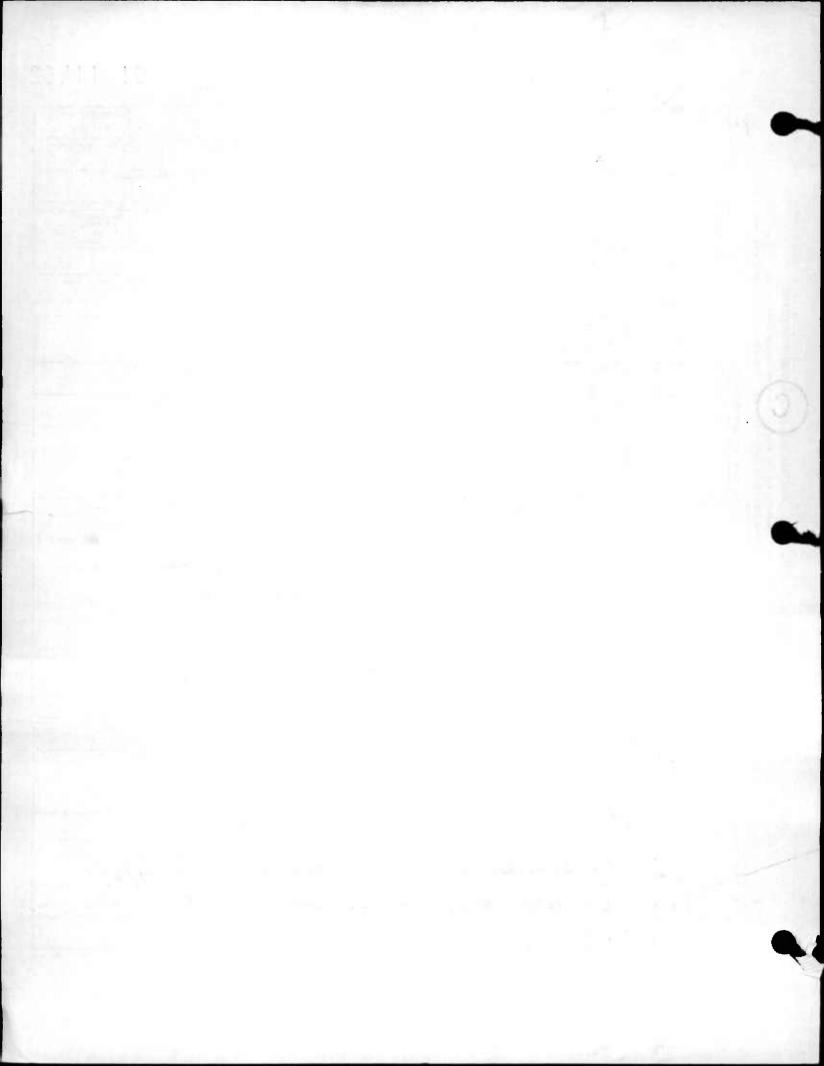


1 - FOR STATE REGISTRAR	STATE OF 1					EALTH AND DEATH	MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last HERBERT J.	SPAIN			(E)			APR	IL 8,	1991	PASY	3. TIME OF DEATH 1:00 A
4. SOCIAL SECURITY NUMBER 213-24-4089 9a. FACILITY NAME (If not institution, give	5, SEX 1 💢 M 2 🗌 F	60 S. AGE (In yrs. Ins	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	APR	OF BIRTH th, Day, Year) IL 8,		WAS	HINGTON, D.
15002 LEAR LANE	e atreet and number)					SPRING	EATH		9c. COUNTY OF DEATH MONTGOMER		
RESIDENCE OF DECEDENT 10e. STATE 10b. COU	√TΥ		10c. CIT	Y, TOWN (OR LOCAT	ION					10d. INSIDE CITY
MARYLAND MON'	rgomery		SI	LVER	SPR	ING					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				- 1	101	ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
15002 LEAR LANE	12 WAS DECEDED	T EVER IN U.S. AF	MED	140	****	20905 ENDENT OF HISPA	NO 00101	110 (D 14 - W	N-	USA	-
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 THE			if yes, sp	ecify Cuban, Mexic 2 NO Speci	an, Puarto		or No.	Spec	E — American Indian, k, Whita, etc. #y: HTTE
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		(G	ECEDENT'S Silve kind of a. Do NOT u	Work done se retired.)	CCUPATIO during mo	ON st of working	16	b. KIND OF BUS	BINESS/INC	DUSTRY	
12		SHE	ET M	ETAL	FOR						
17. FATHER'S NAME (First, Middle, Last) HERBERT J. SPAII	NT.					16. MOTHER'S N.	(1)-(-1)-5		Surname)		
19a. INFORMANT'S NAME (Type/Print)	N	19	b. MAILING	ADDRES:	S (Street a	LOIS A			n, State, Zic	Code)	
CAROLYN D. SPAIN	N (WII					NE SILV					20905
20a. METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 R	smovet from State	other pi	lece)			netery, crematory or			CATION -	•	•
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	GATE	Ur I	22.	NAME A	EMETERY ID ADDRESS OF F					NG, MARYLAN
23. PART I. Enter the diseases, of	Ba	9_		50	00 U	IS J. CO NIVERSIT	Y BL	VD.,W.	SIL	SPR	, INC.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSÉ	QUENCE O	.6 ro	- Alex						
PART II. Other algnificant condit	iona contributing to	death but not	resulting	In the u	ndertyln	g cause given li	Part I.	24a, WAS AN PERFOR 1 TYES 2	MED?	24	S. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (C	heck only o	one)			
1 TES 2 1 NO	HOSPITAL:				rsing Hon	o 5 Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Natural 8 Pending	28a. DATE Of (Month, I		28b. TIR	ME OF JURY M	WC	URY AT ORK? YES 2 \(\backsquare \) NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE (OF INJURY — At he etc. (Specify)	ome, farm,	street, fac			281. L.O	CATION (Street of the street o	and Numbe	r or Rural	Route Number,
anal	YSICIAN: To the best of										s) and manner as stated
296. SIGNATURE AND TITLE OF CENTIL	FIER			7 10		29c. LICENSE N	IMBER		29d, DAT	E SIGNE	Month, Day, Year)
ba 10	In					024	571			4/9	[9]
30. NAME AND ADDRESS OF PERSON 4701 RANDOLA	ROAD	SUITE	5-3	Ro	CKV	ILLE, M	0 2	0852	>		
31. DATE FILED (Month, Day, Year) APR 11 '91	32. REGISTR	an's signature	andere								



ous are usaut, rage o man a manual management and proposed in	is certificate has been signed by the attending physician and completely filled in by the funeral director, and the state detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nedicel examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The ISA TEQUIPES THAT THE ISA TEQUIPES THAT THE PROPERTY OF THE PROPER	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuner be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medicel examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

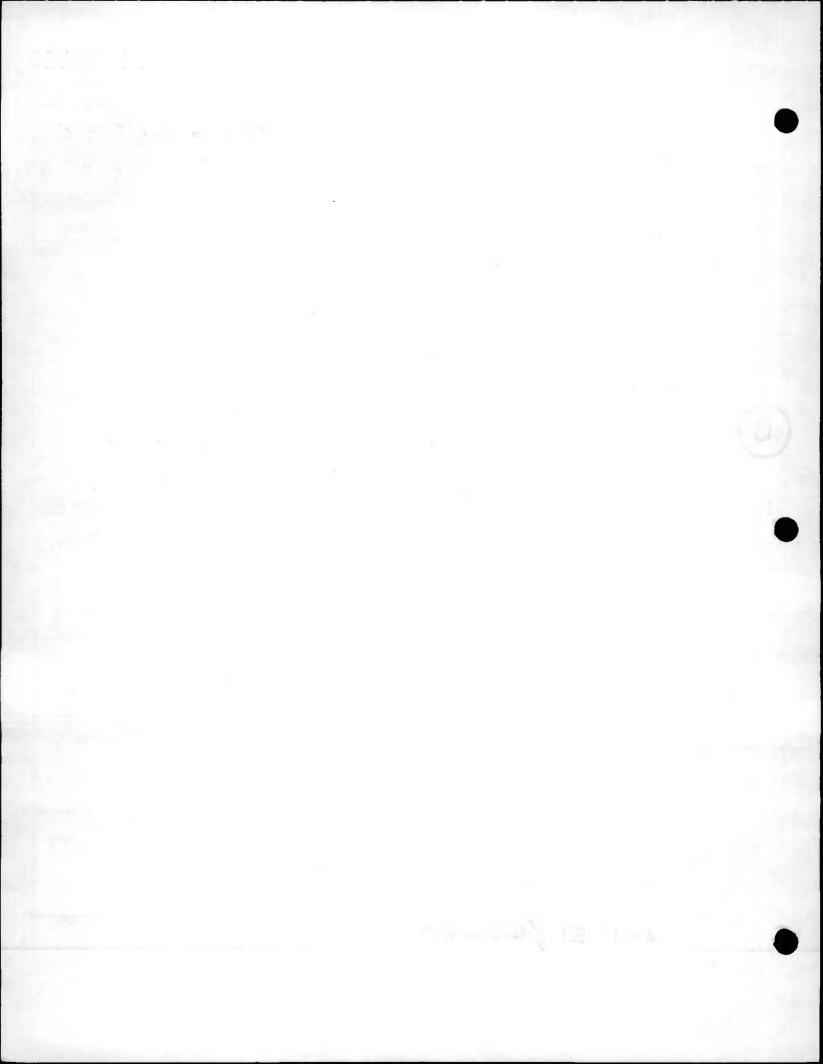
					2. DATE OF DEATH		3.	TIME OF DEATH
Irwin Schnappe					MONTH C		91	11:36 p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	fay) IF UNDER t 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPL	ACE (State or Foreign
057-01-5559A	1 € M 2 □ F	75 YR	S. MONTHS E	MYS HOURS MIN.	(Month, Day, Year) 5-20-15	1	Vew Y	ork
Sa. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TO	OWN OR LOCATION OF E	DEATH		Y OF DEAT	
Montgomery Gener	- a1		01n	ey, Md		Mor	ntgom	erv
Montgomery Gener						1101		
Maryland Mont	gomery	10c.	ilver S	LOCATION			10-	d. INSIDE CITY LIMITS?
								NAMES 5 NO
10e. STREET AND NUMBER				101. ZIP CODE				T COUNTRY?
15211 Elkridge			_	20906		Unite		
11. MARITAL STATUS 1 Never Married 2 Married	FDRCES? 1	TEVER IN U.S. ARMED		S DECENDENT OF HISP/ rea, specify Cuban, Mexic		a or No- 1		American Indian, hite, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	1 [YES 2 THO Spec	lfy:		Specify:	White
15. DECEDENT'S ED	JCATION	16a, DECEDE	NT'S USUAL OCC	UPATION	16b. KIND OF BU	ISINESS/INDI	STRY	
(Specify only highest grad	completed) College (1-4 or 5	(Give kin		ring most of working	100.101.0			
Elementary/Secondary (0-12)	College (1-4 or 5	" Sales	man		Retail	- Cros	or	
17. FATHER'S NAME (First, Middle, Last)		Dares	man	18. MOTHER'S N	AME (First, Middle, Maide		EL	
Unknown				Lena				
19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS (Street and Number or Rura	I Route Number, City or To	wn, State, Zio C	Code)	
Ruth Schnapper			DATE OF THE OWNER.	dge Way, W				MD 2000
200 METHOD OF THE DESTION				of cometent cremetory or		DCATION - CI		
1 Burial 2 Commation 3 Re	noval from State	other place) Mt. Leb	•					
21. SIGNATURE OF PUHERAL SERVICE-L	ICENSEE //	- I Mt. Leb		ME AND ADDRESS OF F	PDA1	lphi.	Mary	Land
ME	I X	1 -	Dan	zansky-Gol	dberg Memo	rial (Chape.	ls, Inc.
1 July	/h. /	111	117	0 Rockvill	e Pike. Ro	ckvil1	e. M	D. 20852
23. PART I. Enter the diseases, or shock, or heart fallure	complications the	at caused the death.	Do not enter ti					Charles of the Control of the Contro
IMMEDIATE CAUSE (Final				ne mode of dying, su	ch as cardiec or res	piratory erre	st,	Approximete
								Interval Between
disease or condition	Cor							Interval Between
	a. Cor							Interval Between
disease or condition resulting in death)	a. Cor OUE TO Orle							Interval Between
disease or condition resulting in death)	a. Cor OUE TO DUE TO							Interval Between
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cor OUE TO DUE TO	O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE)						Interval Between
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after a	TO THE FUNEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical at

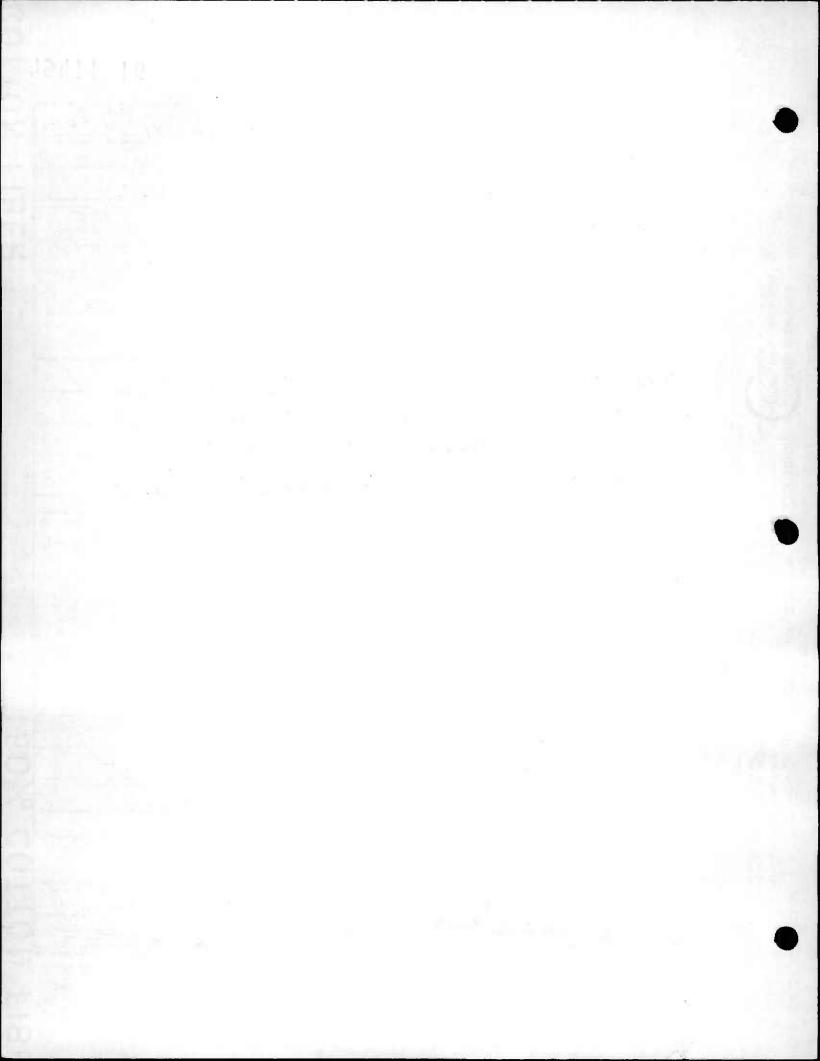
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AI CERTIFICATE OF DEATH		HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) DELORES JEAN SHERMAN		OF OEATH DAY.	1991	3. TIME OF DEATH 5/50 P M						
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	MIN. (Month	OF BIRTH b, Day, Year) /25/38	Co	RTHPLACE (State or Foreign unity) IRGINIA						
lon Pol	98. FACILITY NAME (If not institution, give street and number) FREDERICK MEMORIAL HOSPITAL FREDERICK		90	REDER							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND FREDERICK FREDERICK	ADVIAND EDEDEDICK EDEDEDICK V									
FUNERAL	10a. STREET AND NUMBER 344-B PROSPECT BLVD. Apt. #303 21701		10	U.S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apecify Cuben, II YES, GIVE WAR OR DATES 13. WAS DECEDENT OF IT yes, apecify Cuben, II YES 2 NO	Mexican, Puerto R		В	ACE — American Indian, lack, White, etc. pecify: WHITE						
COMPLETED	15. DECEDENT'S EQUATION (Specify only highest grade completed) Elementery/Secondary (0-12) 10 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 10 U. S. GOVERNMENT										
BE CO	CECIL PERDUE HE	ELEN DUE	DLEY								
2	199. INFORMANT'S NAME (Type/Print) CYNTHIA A. WOLFE 190. MAILING ADDRESS (Street and Number or 5331 BROAD RUN RD.,	, JERFER	RSON, MA	ARYLAN	D 21755						
	20e. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF DISPOSITION (Name of cometery, crematic of the company) 22. NAME AND ADDRESS.		SAN A		O, TEXAS						
7	ROBERT E. L	DATLEY 8 MARKET	& SON FU STREET,	JNERAL FRED	HOMES, PA ., MD. 21701						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	g, such ee cerd	diec or reapireto	ory erreat,	Approximate interval Between Onset and Death 2 days						
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d										
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause give	ven in Part i.	24e. WAS AN AUT PERFORME 1 YES 2 _	D?	24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WHO						
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VEG 2 NO OTHER:										
	1	28d. DES	or (Specify) SCRIBE HOW INJU	RY OCCURE	D						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 29f. LOCATION (Street and Number or Rural Route City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.										
TO BE	M/ W/ 1m	7178	29	· 11	NED (Month, Day, Year)						
-	30. NAME AND AUDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1909. Print) J. Christopher Fleming, MO 610 Ninth Ave, Br. 31. DATE FILED (Month, Day, Mont) APR 1 9 1991 Junia Sauden-Mondale	runswick									
	APR 1 9 1991 Julia Davidson-Mindale				rit.						



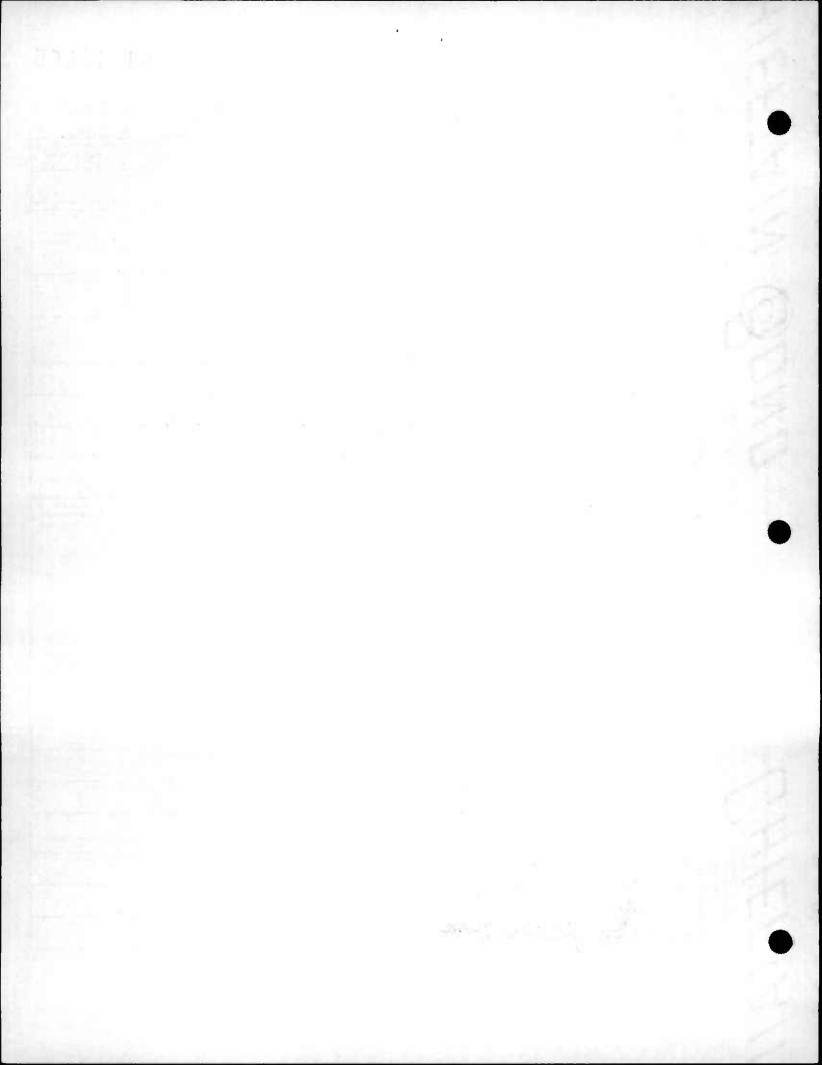
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	REGISTRAR				CERTIF	ICATE (OF DEA	\TH	R	EG. NO.			
	1. OECEDENT'S NAME (First, M.	iddle, Last)			_			T i	2. DATE OF D			3. T	IME OF OEATH
	MARY GRA	CE S	SIGAFOOS	E.				- 1	MONTH	10	OF A	AR	1700 M
	4. SOCIAL SECURITY NUMBER		5. SEX	THE RESERVE OF THE PERSON NAMED IN	rs. lest birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF B		16.6	BIRTHPLAC	E (State or Foreign
	216-14-6436		1 🗆 M 2 😾 F		YRS.		YS HOURS	MIN.	(Month, Den	y, Ybar)	(Country)	
	9e. FACILITY NAME (If not instit		41	85	11101				JULY 2		05 M		
_			,				WN OR LOCA		ATH	91	c. COUNTY	OF OEATH	
DIRECTOR	WASHINGTON (Y HOSPITZ	AL		HAG	ERSTOW	IN			WASH:	INGTO	N
5	RESIDENCE OF DECE	DENT 0b. COUNTY			I too CIT	Y, TOWN OR L	OCATION					1 404	INSIDE CITY
			D.T.CIV		100								LIMITS?
- 1		FREDE	RICK		Th	IURMON'						- 4	YES 2 NO
UNEWAL	10e. STREET AND NUMBER	_					10f. ZIP CO			10	g. CITIZEN		COUNTRY?
	12 SUMMIT AVI	Ε.					2178	8			U.S.	A.	
5	11. MARITAL STATUS		12. WAS OECEDENT FORCES? 1	EVER IN U.	S, ARMED	13. WAS	DECENOENT	OF HISPAN	IC ORIGIN? (S	pecify Yee or	No- 14.	RACE - A	merican Indian, Ite, atc.
	1 Never Merried 2 Me 3 X Widowed 4 Divorce		IF YES, GIVE W			1 🗆	YES 2 N	Specify:	, Puerto Ricar	1, atc.)		Specify:	10, 410.
2	3 ☑ Midomed 4 ☐ Divoice	ю										WH	ITE
3	15. DECEO (Specify only hi	ENT'S EOUC		16	e. DECEDENT'S	USUAL OCCU	PATION a most of wor	kina	18b. KIN	O OF BUSINE	SS/INDUST	RY	
ų	Elementary/Secondary (0-12		College (1-4 or 5+)	life. Do NOT us	work done durir se retired.)							- 1
OMPLE	_11		N/A		HOMEMA	KER				NONE			
5	17. FATHER'S NAME (First, Midd	le, Last)					18. MC	THER'S NAM	ME (First, Middl	le, Meiden Sun	name)		
0	WILLIAM H	I. I	BENNER					DORO	THY	A.	WEST		
ן מ	19a. INFORMANT'S NAME (Type	/Print)			19b. MAILING	ADORESS (S	reet end Numi	per or Rural R	loute Number, C	City or Town, S	tete, Zip Cod	io)	
2	MARTHA V. DAV	/IS			320 N.	CHITE	те на	וושיי	TOMONITO	MD	21700)	
	20s. METHOD OF DISPOSITION	4		20b. P	LACE OF DISPO				1010111	20c. LOCAT			itate
	20g, METHOD OF DISPOSITION 1 (2) Burlai 2 Cremation 4 Donation 5 Other (S)		val from State	01	LADY O			-	EVITED V				
	21. SIGNATURE OF FUNERAL S		ENSEF	. POR	בותחו כ		ME AND ADDR			THURM	ONT,	MD.	
				-						ON FU	NERAT	, HOM	ES, P.A.
	200					615	E. MA	IN ST	·, THU	TRMONT	. MD.	217	88
\neg	23. PART I. Entar tha dise	asea, or c	omplications that	caused ti	he daath. Do i								Approximate
			ist only one cau										Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine)		41					1	/	H	1		3///
	resulting in death)			NO UT	S FRANCE O	2	eo ele	dr	· YA	_ ((a	141		2/201.
_			AL.	/ AS A C.	ONSEQUENCE O	4						i	
HILLAIION	Sequentially list condition	18, b	OUTO	TOUR C	ONSEQUENCE O	Tra	me						
=	If any, leading to immedia cause. Enter UNDERLYING		502 10	(011 44 4 01	DN3EODENCE O	т.,.							- 1
3	CAUSE (Disease or injury		OHE TO	OB 40 4 C	ONSEQUENCE O	D.						-	
=	that initiated events resulting in death) LAST		002 10	(OR AS A CI	UNSECUENCE O	rj:						i	
5													
	PART II. Other aignificant	condition	contributing to	death but	not resulting	in tha unde	rlying cause	given in	Part i. 24	. WAS AN AU	TOPSY	24b. WER	RE AUTOPSY FINDINGS
DICAL								-		PERFORME	3-	AVA	ILABLE PRIDR TO IPLETION DF CAUSE
ا ۾									1	YES 2 Z	NO		DEATH?
ž												1 [YES 2 NO
HYSICIAN: M													
5	25. WAS CASE REFERRED TO I EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	88. PLACE OF	DEATH (Che	ock only one)				
2	1 PES 2 NO		1 Defipationt 2	ER/Outpati	ent 3 🗆 DOA		Home 5 🗆	Residence	6 Other (Sp	pecify)			
E	27. MANNER OF DEATH		28e. DATE OF (Month, D		26b. Till	E OF 28	c. INJURY AT WORK?			BE HOW INJU			
BY	1 Netural 5 Pe	ending restigation	4/10	191			YES 2	-10	Hut	o Ac	cid	eut	
	2 Distalds	ould not be	28e. PLACE O	F INJURY -	At home, farm,	street, factory	office		281. LOCATIO	N (Street and	Number or f	Rural Floute	Number,
<u> </u>		termined		t Specify	4/101	ri.N.	PHA	400	- Francisco	own State)		1	
4	29e. CERTIFIER						.01		(100)		ULK	7	
COMPLETED	(Check only	A 17 17 17 11 11	CIAN: To the best of										
3			R: On the basie of a	CHITHIHITION O	ndor investigati	on, in my opin	ion, ovatn oc	cured at the	time, trate end	piece, end a	to the ci	iuse(s) and	manner ee stated.
RE C	296. SIGNATURE AND TITLE O	E CERTIFIER	Q 271 -				29c L	ICENSE NUM	BER	2	9d. DATE SI	GNEO (Mor	nth, Day, Year)
0	/choud	<u> </u>	· NITTO	سنب			1	010	762		+41	11/9	/
=	30. NAME AND ACORESS OF F	PERSON WHO	COMPLETED CAUS	SE OF DEAT				1	,			-	21700
	Edward	w.	Vitto	RC	(0) 2	17 W	1. Was	1 huns	toes	TH	61 27 5	YOW.	M 2/7d.
	31. DATE FILED (Month, Day, Ye	ar)	32 BEGISTRA	H'S SIGNAT						-	1	-	11.6
	APR 1 5 199	11 9	who Davidso	~- Nano									



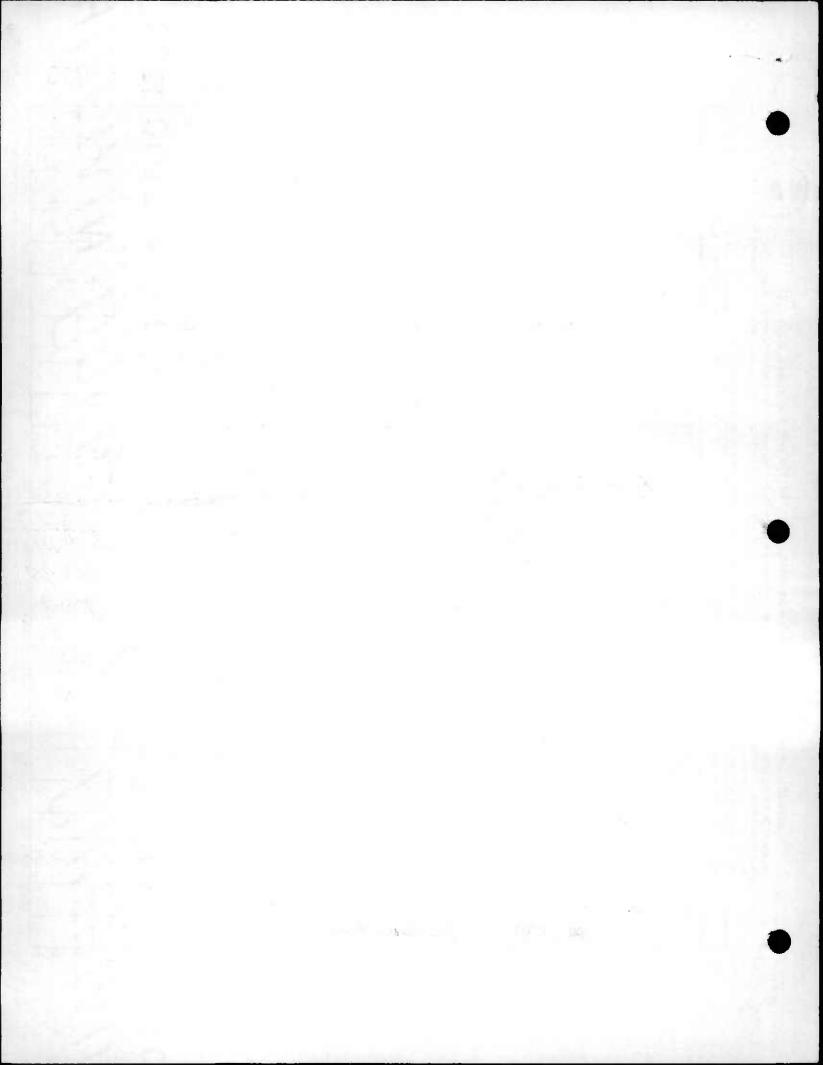
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / CE			OF H			MENTA	L HYGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII	- 0.	DEA			OF OEATH		77.5	3. TIME OF DEATH
	Frances (Houston	1) Smith							Apr		1991	PAR	6:00A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. last I	oirthday)	IF UNDER		IF UNDER		7. DATE	DF BIRTH	1	8. BIRTH	PLACE (State or Foreign
	003-30-1086A	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year) 26.	1906	Mountry	Hampshire
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	DEATH 9c. COUNTY OF			VTY OF DE	ATH
8	10519 Brenda A	Luenue			7.	iamsi	ille	,			Fno	deri	ch
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			OR LOCATI					1766	10d. INSIDE CITY			
<u>E</u>													LIMITS?
10	Maryland Fro	ederick			i jami	svill	ZIP COD		_	_	10a CITI		YES 2 ND
A I	10519 Brenda Av	1010110				"	2000	217	T. A				
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARM	ED	13.	WAS DECI	ENDENT O			N? (Specify Yes		U. S	- American Indian,
	1 Never Married 2 Married	FDRCES? 1 IF YES, GIVE W	YES XXND			If yes, spe	cify Cube	n, Maxica	n, Puarto	Rican, etc.)		Black, Specifi	White, etc.
BY	3) Widowed 4 Divorced					1 TYES	XX	Орисиј	,.				hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECI	EDENT'S	Work done	CCUPATIO	N at of workin	na	161	. KIND OF BUS	INESS/INC	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+) Wo. E	NOT u	ise retired.)								
₩ I	12 years	2	Reti	red	tead	cher					icati	on	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
BE	John O. Houston									y Gale			
2	19a. INFORMANT'S NAME (Type/Print)									nber, City or Town			
. 1	Jacqueline Smith								inch	ester.	Va.	226	01
	20a. METHOD OF OISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State	20b. PLACE O other place	•)			•						
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Smith	sbu		NAME AN			CHITY		ithst		
	NO 1 Y	00)										al Home
	Chander A	Lem	ner			621	Opoz	ssum	town	Pike,	Fred	leric	k, Md.
	23. PART I. Entar tha diseeeas, or shock, or heert fellure.	complications the List only one cau	caused the dea	th. Do	not enter	r the mo	de of dy	ing, suc	h ae car	diac or respi	ratory an	reet,	Approximate interval Between
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	disease or condition resulting in death)	•.	ardio	2 (10-1	Ne	2/						
		DUE TO	(OR AS A CONSEDI	JENCE C	P):								
8	Sequentially list conditions,	b. DUE TO	(OR AS A CONSEDU	IENCE (ND-								-
CERTIFICATION	if eny, leading to immediate cause. Entar UNDERLYING		(OII NO A CONCESS	LIVOL C	,,,								Ĭ.
윤	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEQU	JENCE C	PF):								1
토	resulting in death) LAST	a a											
SE	PART II. Other eignificant condition		death but not re	sulting	In the u	nderlying	Ceuse	given in	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	Alzheiv									1 XES 2	NO	<i>r</i>	COMPLETION OF CAUSE OF DEATH?
Σ	Diverti	001051	5						_				1 TYES 2 KNO
ÿ													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only a	ne)			
ΥS	1 YES 2 NO		ER/Outpatient 3		_			esidence		er (Specify)			
	1 Natural 5 Pending	26a. DATE OF (Month, D		26b. TII	JURY M		RK?	7 110	28d. OE	SCRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation	20a PLACE O	CIN HIDY - At hom		diam's frie		/ES 2 [_ NO	004.10	CATION (Street a		on Donal D	and Markey
8	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								or Town, State)	ING NUMBER	Ur mureir m	oote number,
COMPLETED	29e. CERTIFIER			_									
를	(Check only one) 2 MEDICAL EXAMIN												
8			Amminution and/or in	vestigati	ion, in my	ориноп, о				e ena piece, an			
98	296. SIGNATURE AND TITLE OF CERTIFIE	R	- 11 01	14	1)		29c. LIC	ENSE NUI	MBER	-	29d. DAT	E SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WI	AD COMPLETED COM	93001,	WY C	1 /		()	16	6 9			717	[7]
	TO THE AND ADDRESS OF PERSON WI	TO COMPLETED CAUS	OF DEATH (ITEM	27) (7/1)	e, Print)	15	7	011	1 4	ouse	M.	0 E	End un
- 1	31. DATE FILED (Month, Day, Year)	122C	DIE SICHATIIDE	راا	1 6	()	-{	VII	616	1076	150	11	Bed In Ch
	APR 0 8 1991 Jul	ia Davidson-	ASSIGNATURE PARTIE										
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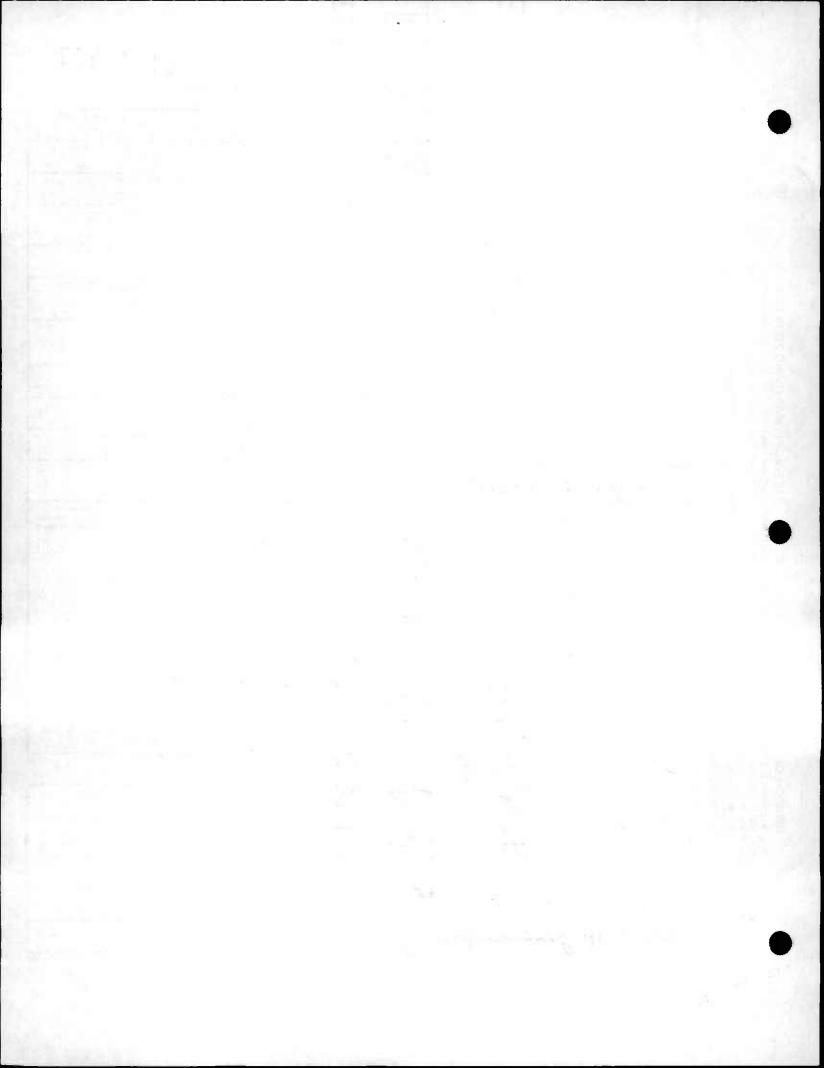
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DIVISION OF VITAL RECORDS, P.O. BOX 13149,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ours after death. Page 6 m) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	and the state of the April 19 Charle Dank of Marith and Mental Horisons prior to burial Cremation or comman
	E	R	F
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COCIAL SECURITY NUMBER 26-34-9496 FACILITY NAME (# not institution, give arroll County G SIDENCE OF DECEDENT STATE 10b. COUN	1 M 2 F F e street and number) General Hosp NTY Carroll Ston Road 12. WAS DECEDENT F FORCES? 1X IF YES, GIVE WAR Korean DUCATION College (1-4 or 5+) 4	VER IN U.S. VER IN U.S. VER 2 [OR DATES CONF.	ARMED NO LICT COMP Kind of world.	# UNDER I I MONTHS I I 9b. CITY, T Wes TOWN OR estmi	DAYS NOURI TOWN OR LOCA TOWN OR	ATION OF DE	NC ORIOIN? (Specify Yer n, Puerlo Rican, etc.)	5 196 0 No ec. COUNTY Carr 10g. CITIZEN Unite	BHITHPLACE (State or Foreig Country) Orth Carol OF DEATN
FACILITY NAME (# not institution, give arroll County Garroll County Garroll County Garroll County Garroll County Garroll County Garroll Ind. County aryland STREET AND NUMBER 511 Old Washing MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced 18. DECEDENT'S Ed. (Specify only highest grave) Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Last) EOTGE Waylor Ev. INFORMANT'S NAME (Type/Print)	1 M 2 F F e street and number) General Hosp NTY Carroll Iton Road 12. WAS DECEDENT F FORCES? 1XI IF YES, GIVE WAR Korean DUCATION Ide completed) College (1-4 or 5+) 4	VER IN U.S. VER IN U.S. VER 2 [OR DATES CONF.	ARMED NO Lict DECEDENT'S L (Give kind of write) with Do NOT use	9b. CITY, T Wes TOWN OR estmi	DAYS NOURI TOWN OR LOCA TOWN OR	MIN. ATION OF DE	(Month, Day, Year) 08 – 13 – 3 ATH NIC ORIOIN? (Specify Year, Puerto Rican, etc.)	O NO Se. COUNTY Carr 10g. CITIZEN Unite	Orth Caro of DEATN coll 10d. INSIDE CITY LIMITS? 1 VES 2 NO OF WHAT COUNTRY? ed States RACE — American Indian, Specify: Specify:
FACILITY NAME (If not institution, give arroll County Garroll Coun	e street and number) General Hosp Ton Road 12. WAS DECEDENT E FORCES? 1XI IF YES, GIVE WAR KOrean DUCATION die completed) College (1-4 or 5+) 4	VER IN U.S. YES 2 [OR DATES CONF.	ARMED NO LICT (Give kind of we like. Do NOT use	9b. CITY, T Wes Town on estmi	LOCATION INSTER 101. ZIP CC 21 AS DECENDEN YES 2 55 N CUPATION	ATION OF DE	O8-13-3 ATH NIC ORIOIN? (Specify Year, Puerto Rican, etc.)	O No Garr	orth Caro
arroll County G SIDENCE OF DECEDENT STATE 10b. COUN ARYLAND STREET AND NUMBER 511 Old Washing MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced 18. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Last) EOTGE Waylor EV INFORMANT'S NAME (Type/Print)	Carroll Ston Road 12. WAS DECEDENT ET FORCEST 1XI IF YES, GIVE WAR KOTEAN DUCATION die completed) College (1-4 or 5+) 4	VER IN U.S. YES 2 [OR DATES CONf.	ARMED NO LICT Give kind of wife.	Wes Town on estmi 13. Will 17 18 USUAL OCCORD done du	LOCATION INSTER 101. ZIP CO 21 AS DECENDEN Yes, specify Co. YES 2 50 N	DDE 157 T OF HISPAN	NC ORIOIN? (Specify Yer n, Puerlo Rican, etc.)	Carr 10g. CITIZEN Unite	10d. INSIDE CITY LIMITS? 1 VES 2 NO OF WHAT COUNTRY? C States RACE — American Indian, Specify.
SIDENCE OF DECEDENT STATE 10b. COUN ATYLAND STREET AND NUMBER 511 Old Washing MARITAL STATUS Never Merried 2 [X] Merried Widowed 4 Divorced 18. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) FATHER'S NAME (First, Middle, Last) COTGE Waylor EV INFORMANT'S NAME (Type/Print)	Carroll Iton Road 12. WAS DECEDENT FORCES? 1XI IF YES, GIVE WAR KOYEAN DUCATION node completed) College (1-4 or 5+) 4	VER IN U.S. YES 2 [OR DATES CONf.	ARMED NO LICT DECEDENT'S U	13. W	NSTER OF THE PROPERTY OF THE	DDE . 157 T OF HISPAN	n, Puerto Rican, etc.)	10g. CITIZEN Unite	10d. INSIDE CITY LIMITS? 1 VES 2 NO OF WHAT COUNTRY? CONTRACT American Indian, Black, Whita, etc. Specify:
STATE 10b. COUNTY AT THE STATE 10b. COUNTY AT	Carroll Iton Road 12. WAS DECEDENT E FORCES? 1% IF YES, GIVE WAR KOTEAN DUCATION (de completed) College (1-4 or 5+) 4	ves 2 [on dates Conf.]	ARMED NO LICT DECEDENT'S U	13. W	nster 101. zip cc 21 As December yes, specify cc Yes 2 K	. 157 T OF HISPAN	n, Puerto Rican, etc.)	Unite	LIMITS? 1 YES 2 NO OF WHAT COUNTRY? ed States RACE — American Indian, Black, Whita, etc. Specify:
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eorge Waylor Ev			Reaiste	bered	Murco		Hospi	t->1	
. INFORMANT'S NAME (Type/Print)	ans			Leu		OTHER'S NA	ME (First, Middle, Maiden		
. INFORMANT'S NAME (Type/Print)						Maggi	e McKinley	Vaugh	n
harles W. Slude			19b. MAILING	ADDRESS (Route Number, City or You		
	er		2511 (old W	ashing	ton F	Road, Westr	ninster	, MD 21157
METHOD OF DISPOSITION MBurlel 2 Cremetion 3 Re	mount from State	20b. PLA	CE OF DISPOSI	TION (Name	e of cemetery, o	crematory or	20c. LO	CATION — City	or Town, State
Donation 8 Other (Specify)	Emovar from State			ores	t Vete	rans	Cemetery.	Owings	Mills, MD
SIGNATURE OF FUNERAL SERVICE	1 -1		1	22. N/	AME AND ADD	RESS OF FA	CILITY		
> Kobert	A. Mu	ens		-				inata.	, MD 21157
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Dontmeous beckerial Trendous's Consequence of: Due to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of):									
	dione contributing to de	eath but no	ot resulting l	n the und	lerlying ceus	e given in			24b. WERE AUTOPSY FIND
						1.0		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
									1 TES 2 NO
WAS CASE REFERRED TO MEDICAL						F OEATH (C)	neck only one)		
1 YES 2 NO		R/Outpatien	3 DOA	OTHER:		Residence	8 Cher (Specify)		
27. MANNER OF DEATH 1 Neturel 5 Pending (Month, Dey, Year)					WORK?		28d. DESCRIBE HOW INJURY OCCURED		
A Pacadelli			I home, farm, a	treet, factor				Rural Route Number,	
one) 2 MEDICAL EXAMI	INER: On the basis of exam				inion, death o	coursed at the	time, data and place, a	nd due to the c	euse(e) and menner ee state
Choon K.	Kim, MO.) -	77/1	1)1	hingto	n H	eight M	edical	Center
DATE FILED (Month, Day, Year)	1 7 'Q1	SIGNATION	Lie Konid	100 M	inder		wes	min	sker
	PART I. Enter the diseases, anock, or heart failure mediate cause (Finel lease or condition multing in death) quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated events suiting in death) LAST RT II. Other algnificant conditions, and the conditions of the c	PART I. Enter the diseases, or complications that canock, or heart failure. List only one ceuse MEDIATE CAUSE (Finel lease or condition suiting in death) Quentially list conditions, may, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events suiting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? I VES 2 NO MANNER OF DEATH Natural S Pending Investigation B Accident Investigation B Suicide B Could not be determined CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my one) 2 MEDICAL EXAMINER: On the best of examination of the complete of the complete o	PART I. Enter the diseases, or complications that caused the ahock, or heart failure. List only one ceuse on each is made, or heart failure. List only one ceuse on each is made and the ahock, or heart failure. List only one ceuse on each is made and the ahock, or heart failure. List only one ceuse on each is made and the ahock, or heart failure. List only one ceuse on each is made and the ahock, or heart failure. List only one ceuse on each is made and the ahock, or heart failure. List only one ceuse on each is made and the ahock, or heart failure. 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I OYES 2 NO MANNER OF DEATH Netural 5 Pending Investigation 1 Accident Investigation 1 Accident Investigation 2 See. PLACE OF INJURY Al home, farm, a building, etc. (Specify) CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurre cone) 2 MEDICAL EXAMINER: On the best of examination and/or investigation one) 32 MEDICAL EXAMINER: On the basic of examination and/or investigation and and address of Examiner: On the basic of examination and/or investigation one) PATE FILED (Month, Day, War) 12 MEDICAL EXAMINER: On the basic of path (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, NAME AND ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Name And ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Name And ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Name And ADDRESS OF Examine WHO COMPLETED CAUSE OF DEATH (ITEM 27)	PART I. 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List only one ceuse on sach line. ### MEDIATE CAUSE (Finel sease or condition withing in death) ### Day of the conditions, and the caused the death. Do not enter tha mode of dying, auch as cerdiec or reap shock, or heart failure. List only one ceuse on sach line. #### MEDIATE CAUSE (Finel sease or condition withing in death) ### DUE TO (OR AS A CONSEQUENCE OF): ###	22. NAME AND ADDRESS OF FACILITY MYETS FUNCEAL HOME PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest shock, or heart failure. List only one ceuse on asch line. MEDIATE CAUSE (Finel sease or conditions, pyte to (or as a consequence of):



te be executed within 24 hours after death. Page 6 may be retained by the	sician and completely filled in by the funeral director, page 5 should be de prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at or	1100 100
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TOTAL TOTAL

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		7-51			2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH		
	ROBERT	EARL		SHROUT		April 10.	1991	9:10 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday) 6.2 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/23/29	Co	HTHPLACE (State or Foreign puntry)		
	212-24-1652 9a. FACILITY NAME (If not institution, give a		62 YRS.	Oh CITY TOWN O	D I OCATION OF DEA			RYLAND		
FUNERAL DIRECTOR	Memorial Hospital & Medical Center				b. CITY, TOWN OR LOCATION OF DEATH Cumberland Allegany					
	10a. STATE 10b. COUNTY	r, TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?					
		EGANY	I	AVALE				1 X YES 2 □ NO		
	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
	916 FORREST AVE				21502		USA			
	11. MARITAL STATUS 1 □ Never Merried 2 □ Merried 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 □ NO IF YES, GIVE WAR OR DATES			If yes, spe	elfy Cuben, Mexican 2 NO Specify:	C ORIGIN? (Specify Yes , Puarto Rican, etc.)	Black, While, atc.			
B	3 Widowed 4 Divorced		N CONFLIC		Z IQ NO Specify:		"	WHITE		
윤	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S (Give kind of t	USUAL OCCUPATIO vork done during mos er retired.)	N st of working	16b. KIND OF BUS	INESS/INDUSTR	ry		
	Elementary/Secondary (0-12)	College (1-4 or 5+)								
₹	12 17. FATHER'S NAME (First, Middle, Last)	6	CHIR	OPRACT		112	DICAL			
COMPLETED		CHROHM	T.D.			NE (First, Middle, Maiden S	,	7.7		
BE	ROBERT ESTON 19a. INFORMANT'S NAME (Type/Print)	SHRUUT,		ADDRESS (Street a	HILDA	REA KIT				
임	DEBORAH M. PAP	PAS	923	WEIRES	AVE L	AVALE, M	D 2150	02		
	20a. METHOD OF DISPOSITION 1 ➡ Burlel 2 □ Cremetion 3 □ Rem	comi from State	20b. PLACE AND DATE		(Name	DATE 20c. LOC	CATION — City o	or Town, State		
	4 Donation 8 Other (Specify)	2 4277 (24-22)	of cemetary, crematory ROCKY GA	P VETER			R CUM	BERLAND, MD		
	22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUARY									
- 2	A daygub	- Hafer)			AL HWY L				
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that ca List only one cause	on each line.	rally	Accide		retory errest,	Approximete interval Between Onset and Death		
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent condition	fis contributing to de	ath but not resulting	left Sole	of fore.	1 U YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
14S	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF IN.	R/Outpetient 3 DOA JURY 28b. Till		e 5 🗆 Residence	8 Other (Specify) 28d, DESCRIBE HOW II	VILLERY OCCURE	D		
	1 Natural 5 Pending	Natural 5 Pending (Month, Day, Year) INJUI								
TED BY	2 Accident Investigation 3 Suicide s Could not be Homicide Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							ural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Kanji	/ 1/1)	D31579	BER	29d. DATE 510	MEES (Morph, Day, Marr)		
5	Dr. K. Suresh 517 Old Town Road Cumberland, MD. 21502									
	31. DATE FILED (Morsit). Day, Vear) 32. REGISTRAR'S SIGNATURE									

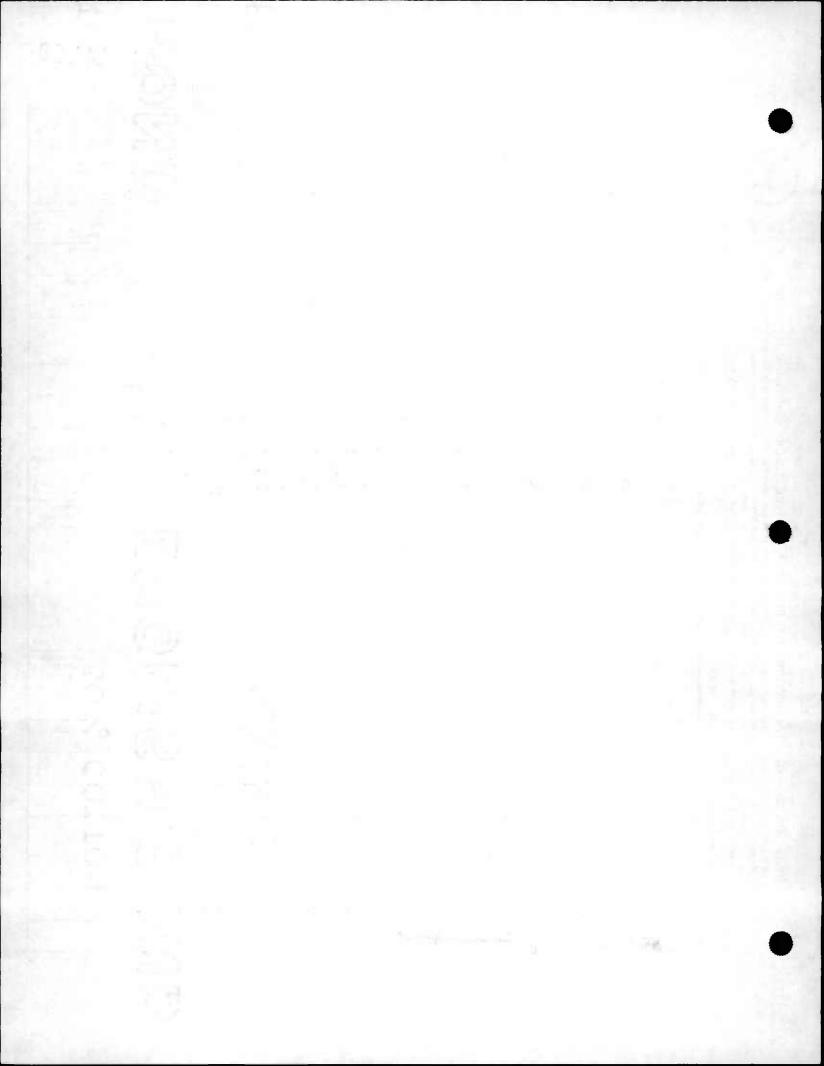


DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-002
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending phys	s after death. Page 6 may be retained by the hospital or attending phys
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burity of temperal director, page 5 should be detached for use as the burity of temperal directors.	by the funeral director, page 5 should be detached for use as the buri- nemonal
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR	CERTIFI	CATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL IREN	NE SNYDER	de		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGI	E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	217-28-1107 1 □ M 2 🟋 F	64 YRS.	MONTHS DAY	HOURS MIN.	Dec. 8, 1	926	Maryland			
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH			Y OF DEATH			
Œ	Washington County Hospital			Hagerstown			shington			
읝	RESIDENCE OF DECEDENT	nagerstown			Was	SILLIIGLOII				
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c									
5	Maryland Washington	Hagerstown				1 YES 2 NO				
4	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
E	Route # 4 Box 202			21740			J.S.A.			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y						
	1 Never Merried 2 XMerried FORCES? 1 YES, GIVE WAR OR	DATES A	If yes, specify Cuben, Mexicen, Puerto Ricen, etc.] 1 YES 2 NO Specify:			Black, White, etc. Specify: White				
	15. DECEDENT'S EDUCATION	16a. OECEDENT'S	JSUAL OCCUP	TION	16b. KIND OF BU	SINESS/INDUS				
E	(Specify only highest grade completed)	(Give kind of w life. Do NOT use	ork done durina	most of working	100.100					
7	Elementary/Secondary (0-12) College (1-4 or 5+)	но	memake	r	Over	Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	110	memare		AE (First, Middle, Malden					
	John Claggett Mc Caul	lev		Bessi		,	artzman			
BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS /Stan	et and Number or Rural R		-				
2	Preston L. Snyder			ox 202, Ha						
		20b. PLACE AND DATE			OATE 20c. LO					
	1 Donation	of cemetary, crematory	or other place)	In Comme	1 0 01 C	T CATION — CI	Spring.Wash.Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ot. raul s	T 22 NAME	AND ADDRESS OF FAC	4-TO-AT C	rear S	opring, wasn. Md.			
	· R. hoel Brady	-	And	rew K. Cof	fman Fune	ral Ho Bagers	ome, Inc. stown, Md. 2174			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onest end Death Of the Consequence of the C									
EDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
8	d	d.								
7	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
Š	myocarde	exclien 104			S 2 NO COMPLETION OF CAUSE OF DEATH?					
ME						1 TES 2 NO				
3	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Che	eck only one)					
S	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/O	Autpatient 3 DOA	OTHER:	Iome 5 Residence	8 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJUR (Month, Day, Yea		E OF 28c.	INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCL	URED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJU					or Rural Route Number,				
9	29e. CERTIFIER									
COMPLETED	206. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 20 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
H	296. SIGNATURE AND TITLE OF CERTIFIER 1 Sober 1 (h (cared hell m)) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4/16/9/									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)			,				
	Robert V.L. Campbell 14	5 West Wa	shingt	on Street,	Hagersto	wn, Ma	ryland 21740			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI Julia David	Son-Randelle		27						



-i	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
remova	edicai
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l, crer	even
ponia	natic
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prio	75
giene	other
£	6
Menta	njury,
h and	any i
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	is marked, or item 23 shows any injury, or other trau
Dept.	23
State	Heli
the	9
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death	S ma
the	000
hours a	item :
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within	TANT
be filed	IMPORTANT: If

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31. DATE FILED (Month, Day, Year APR 17

'91

	Robert George S	egelson									0 1	114	69	
	FOR 1 - STATE REGISTRAR	STATE OF M		DEPART RTIFI					MENTAL HYGIEN		<i>J</i> 1			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY		3. TIME OF DE	EATH			
	Robert			Saq.	201	m			MONTH	1991	3:20	D. M		
	4. SOCIAL SECURITY NUMBER	5. \$EX	6. AGE (In yrs. last	birthday)	F UNDER 1	YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or	Foreign	
	210-14-6925	1 € M 2 □ F	65	YRS.	MONTHS	DAYS I	HOURS	MIN.	June 5, 1	925	Pen	msylva	nia	
1	9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN OR	LOCATIO	N OF DE			INTY OF D		1120	
FUNERAL DIRECTOR	Washington Count	y Hospit	al		ŀ	Hager	csto	wn	Washington					
<u>n</u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE C	ITY	
E	Maryland Wash	ington			Hager	stov	m					LIMITS?		
7	10e. STREET AND NUMBER						ZIP CODE			10g. Cf1	rizen of v	WHAT COUNTRY		
3	959 Mulberry Ave	nue					2	2174	0		USA			
ξ	11. MARITAL STATUS		T EVER IN U.S. AR	MED	13. W	AS DECEN	NDENT OF	F HISPAN	IIC ORIGIN? (Specify Ye	a or No—		ACE — American Indian.		
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	YES 2 N	10 W2	H		Ify Cuben	, Mexica	n, Puerto Ricen, etc.)			k, White, etc.	2000		
	15. DECEDENT'S EDUC	ATION									1	whi	te	
COMPLETED	(Specify only highest grade	completed) College (1-4 or 5 -	(GI	CEDENT'S I we kind of w Do NOT use	rork done du			g .	18b. KIND OF BU	ISINESS/IN	DUSTRY			
ا ڐ	Elementary/Secondary (0-12)			Moole T	ا درملا									
\$	10 years assembler Mack Truck 17. FATHER'S NAME (First, Middle, Legil) 18. MCCHEE'S NAME (First, Middle, Legil)													
8	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) The Condess													
8	Henry Carr Segerson Ida Sader													
2	190. INFORMANT'S NAME (Typo/Print) Lilliam M. Segel:	son		59 Mi					Poute Number, City or Tow Hagerstown			nd 217	740	
	20a. METHOD OF DISPOSITION		20b, PLACE					1			- City or To		40	
- 1	1 Buriel 2 Cremation 3 Remo	val from State	Cedar	crematory	or other pla	oris	1 Ps	ark	1			, Maryl	and	
	21. SUBSTITUTE OF FUNERAL SERVICE LIC	ENSEE	Occur	A LCIVI					CILITY	_		4		
	Spield n	om	ama	h		rald nera						nac Str Maryla		
	23. PART i. Enter the disessee, or o	omplications the	t caused the de	eth. Do n								Approx		
	ahock, or heert feliure.				ot ontor t	alo mod	e or uyır	ng, suci	il sa cerdiec or reet	metory s	irou,	interval	Between	
	IMMEDIATE CAUSE (Fine) disease or condition Resource Resource Toulum													
	disease or condition esulting in death) e. 230 x 2 Due To (Or As A CONSEQUENCE OF)													
_	DUE TO (OR'AS A CONSEQUENCE DIT)													
8	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):													
Ě	If any, leading to immediate ceuse. Enter UNDERLYING	DOE 10	(OH AS A CONSEC	JUENUE UF	91				\cup		E .	i		
5	CAUSE (Disease or injury	DIJE TO	OR AS A CONSE											
CERTIFICATION	CAUSE (Usease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
英	resulting in deeth) LAST													
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL	Range innel	e's en any A	menday!	150	969	7 946	reck	nen	1.463	RMED?		COMPLETION (
	Card som es	the set	D-who	1-1	10 124	200	~ C	2	1 TYES	2 NO		OF DEATH?	200	
Σ	10	12	00	- 11	15	-		-dic.10	3-			1 TES 2	NO	
A	25. WAS CASE REFERRED TO MEDICAL	an jour	10 majori	P38-16 14	tros		PARR							
힐	EXAMINER?	HOSPITAL:			OTHER		CE OF DE	EATH (Ch	eck only one)					
Z	1 YES 2 110		ER/Outpetient 3					sidence	6 Other (Specify)					
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, L		28b. TIM	URY	28c. INJU	K?		28d. DEŞCRIBE HOW	INJURY O	CCURED			
BY	2 Accident Investigation				M	1 TYE	S 2 _	NO						
	3 Suicide 8 Could not be 4 Homicide determined	26a, PLACE C building,	OF INJURY — At ho , etc. (Specify)	me, farm, s	street, facto	ory, office			28f. LOCATION (Street City or Town, State		er or Rural	Route Number,		
ET	4 - Limitarine determined													
PL	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	f my knowledge, de	ath occurre	d st the Hr	me, date e	and place,	end due	to the cause(e) end ma	enner as at	tated.			
COMPLETED	CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. One) 2 MEDICAL EXAMINET: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.													
	296. SIGNATURE AND TITLE OF CERTIFIED						29c. LICE	NSE NUI	MBER	29d. D4	TE SIGNE	D (Month, Day, Ye	ear)	
#		Je of	7	m	()				4262	•			,	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH //TE	M 27) /Time	Drint)		-		1440	1	_			

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julie Devidson-Randall

32. REGISTRAR'S SIGNATUR

21740

Maria II made

unial-transit permit.

2 MEDICAL EXAMINER

19

29b. SIGNATURE AND TITLE OF CERTIFIES

ick, or heart failure. List only one cause on each line.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE 2

r death. Page 6 may be retained by the hospital or attending p	he funeral director, page 5 should be detached for use as the t	al.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

										(31	11470		
FOR STATE REGISTRAR		STATE OF M	ARYLAN	D / DEPAR					ENTAL HYGIE REG. N					
1. DECEDENT'S NAME (First,	Charles and a second	,							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATN		
Nancy	19	e sui	mme	r5					04-	16-	91	2345 AM		
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rs. last birthday)		DER 1 YEAR	IF UNDER 24		7. DATE OF BIRTN (Month, Day, Year)		8. BIFTNPLACE (State or Foreign Country)			
213-18-0	7109	1 🗆 M 247 F	7	8 YRS.	MONTH			MiN.	8-24-	-	Mar	Maryland		
9e, FACILITY NAME (If not in	stitution, give s	treet end number)			9b. C	1.4	OR LOCATION				INTY OF			
Washington	Count	/ Hospita	1			Hag	ersto	iwn	/	W	ash.	ington		
RESIDENCE OF DEC	10b. COUNT	,		400 00	TV TOW	N OR LOCA	PION					10d. INSIDE CITY		
							IION					LIMITS?		
Maryland	Wasi	nington		Hag	ers.	town				1 TYES 2 X NO				
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CI	IZEN OF	WHAT COUNTRY?			
Rt.3						21740)			USA				
11. MARITAL STATUS		S. ARMED					C ORIGIN? (Specify) , Puerto Ricen, etc.)	ee or No-	14. RAC Blac	E — American Indien, k, White, atc.				
1 Never Merried 2 3 Widowed 4 Divo	Merried	FORCES? 1 IF YES, GIVE W												
	EDENT'S EDU y highest grade		10	ie. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND OF BUSINESS/INDUSTRY					
Elementary/Secondary (0	1-12	College (1-4 or 5 +	1	life. Do NOT use retired.)					Clathing Datail Stone					
				Seamstress					Clothing Retail Store					
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHE	R'S NAM	NAME (First, Middle, Maiden Sumeme)					
Hunter	The	omas	Sh	erley			Cá	athe	erine V	irgin	ia	Darlington		
19e. INFORMANT'S NAME (ype/Print)	19b. MAILIN	G ADDR	RESS (Street	and Number o	r Rural R	oute Number, City or 1	own, State, Z	(ip Code)					
Martha Vaug	hn		1933	Gr	een M	eadow	e Hagers	town,	MD 2	1740				
20e. METNOD OF DISPOSIT 1 X Burlel 2 Cremetic	ther place)	Com	Otorv	metery, cremat	tory or	Sharpsburg, MD 21782								
4 Donation 5 Other			_ 1110	. VICW	_					Shar pspur y, MD 21702				
21. SIGNATURE OF PULLEFIA	BAN I	ENSEE				OSBOR	NE FU	NERA	L HOMES					
1//wy	111-0	VIN			-1	P.O.B	ox # 3	348	Williams	port.	MD 2	1795		

IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in the 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 _ YES 2 _ NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) OTHER 1 YES 2 2 NO Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 28e. DATE OF INJURY 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 4 Nomicide

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated.

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ther the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

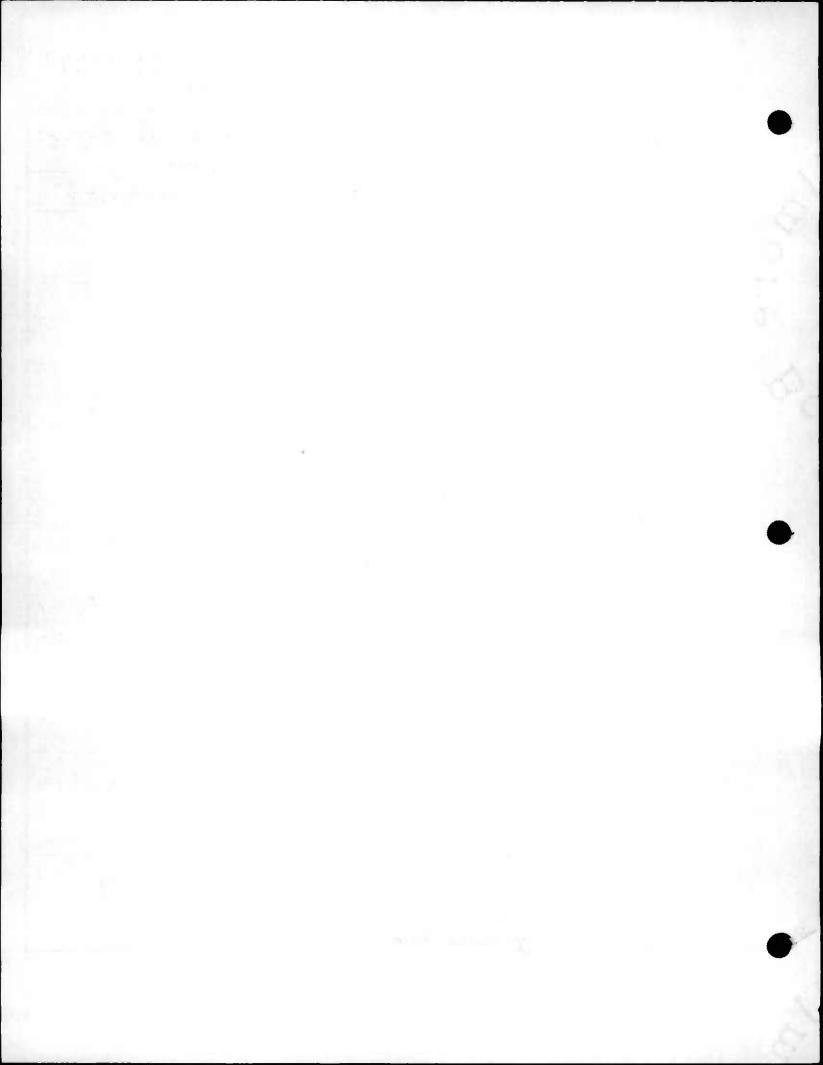
DHMN-18 Rev 1/89

WED (Month, Day, Year)

red at the time, date end place, end due to the ceuse(e) end menner as stated.

Approximate

Interval Between Onset and Death



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. In the first within 70 hours after death with the State fleet of Health and Mental Minieto Inferior to huiting completely filled in by the funeral director.
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)
APR 22

'91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

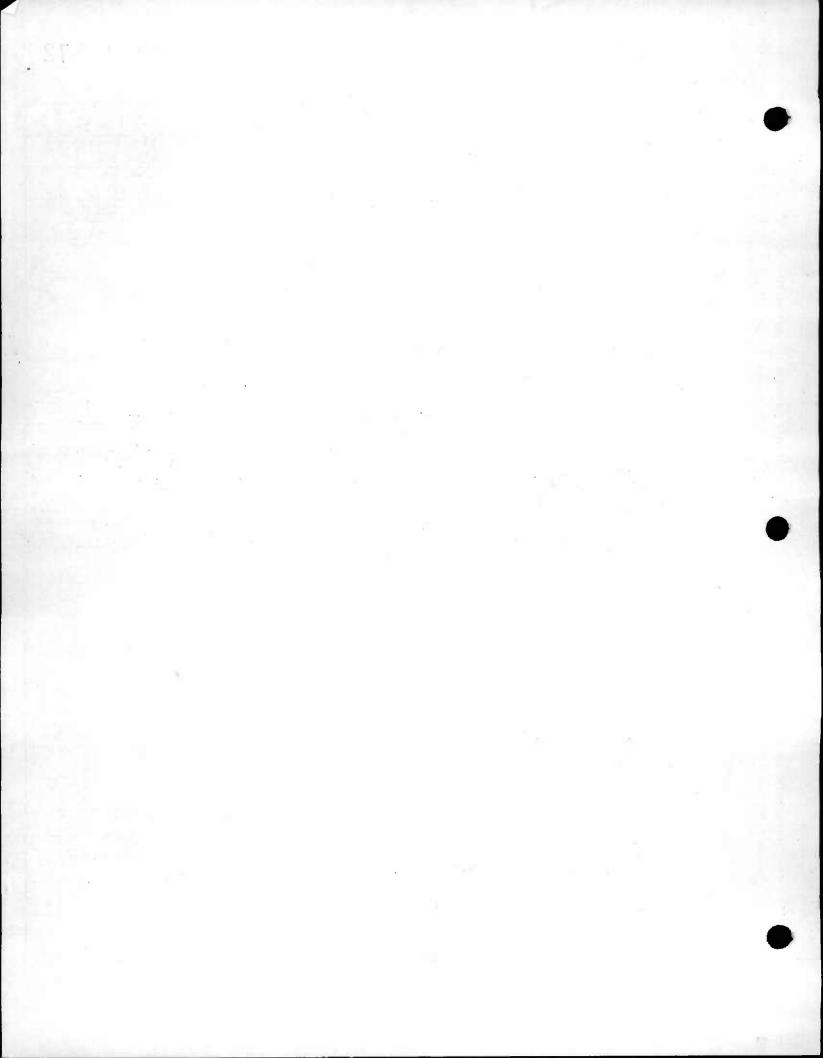
	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPAR					MENTAL	HYGIEN REG. NO.		Í	114/1
	1. DECEDENT'S NAME (First, Middle, Last) Wilbur Eugene S	mith							2. DATE OF MONTH,			YEAR 3.	TIME OF DEATH 3:24 A. M
	4. SOCIAL SECURITY NUMBER 215-20-8951	6. SEX 6.	. AGE (in yrs. lesi	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS, MIN.	7 DATE DE				
TOR	9a. FACILITY NAME (If not institution, give 15 Emerald Drive RESIDENCE OF DECEDENT						town		АТН			ingto	
DIREC	10a. STATE 10b. COUNT	ington			v, town o	OWN.	ION						od. INSIDE CITY LIMITS? YES 2 NO
VERAL	100. STREET AND NUMBER 15 Emerald Drive		107. ZIP CODE 109. CITIZEN OF WHAT 21740 USA							AT COUNTRY?			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2			If yes, specify Cuban, Maxican, Puarto Rican, atc.) Black, White							Amarican Indian, vhita, atc. White
BE COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Gi	ive kind of v Do NOT us	work done se retired.)	AL OCCUPATION Jone during most of working red.) 18b. KIND OF BUSINESS/INDUSTRY Homes							
SE COM	17. FATHER'S NAME (First, Middle, Leet) Mason R. Smith Sarah A. Kuhn												
TO E	196. INFORMANT'S NAME (Typer/Print) Phyllis L. Smith 195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15 Emerald Drive Hagerstown, MD 21740 206. METHOD OF DISPOSITION 206. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State												
	1 Donation 5 Other (Specify)			E Har	ven 1	Ceme	tery				ersto		
	21. SHENATURE OF PURENAL BERNACE L	X /	terris		De	avis		eral	Home	s hura	MD	2178	3
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
ERTIFI	CAUSE (Disease or injury that initiated events passed on the consequence of the consequen												
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO OF												ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Number Seedlence 8 Other (Specify)												
	1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28c. INJ W0	URY AT PRK? YES 2			Other (Specify) Id. DE\$CRIBE HDW INJURY OCCURED							
TED BY	2 Accident Investigation 3 Suicide & Could not be 4 Homicide detarmined	28a. PLACE OF building, at	INJURY — At he	ome, farm,	street, too	tory, offic	•		281. LOCA City of	TION (Street Town, State	and Number)	or Rural Rou	ite Number,
COMPLETED	(Orlean City)	SICIAN: To the best of m											and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE WEWM		29c. LICENSE NUMBER D23815					29d. DATE SIGNED (Month, Day, Year) 4/19/91					
M	30. NAME AND ADDRESS OF PERSÓN W Bry E. Money, M. [)., 1708 08	of DEATH (ITE	Ave	nue,	Hag	erst	own,	Mary	land			

32. REGISTRAR'S SIGNATURE
June Dandoon-Randall

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RECORDS,
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FOR

	- STATE REGISTRAR CE	RTIFIC	ATE OF	DEATH		REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH DA		YEAR	3. TIME OF DEATH				
	FRANCES McCAIN STUMP				APR	22	19	991	a:07 A	M			
(8	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last it		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	DIRTH			LACE (State or Foreign	gn			
!	416-16-6835 1□ M 2 🖫 F 70	YRS. MO	NTHS DAYS	HOURS MIN.	JUL 1	3, 19	920	Alabama					
-1	Se. FACILITY NAME (If not institution, give atreet and number)	96	. CITY, TOWN O	R LOCATION OF DE				ITY OF DEATH					
DIRECTOR	Washington County Hospital		Hage	rstown			Wasi	hing	ton				
3EC	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?				
	MD Washington		Hagers	town					1 X YES 2 NO)			
AL	10e. STREET AND NUMBER		101.	ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?				
ER	516 Chestnut St.			21740				USA					
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATE	ED)	If yes, spe	ENDENT OF HISPAI	in, Puerto Rici		or No-	Bleck,	- American Indian, White, stc.				
BY	3 🔀 Widowed 4 🗌 Divorced		1 1 123	2 X NO Specif	у:			Specin	White				
ED	15. DECEDENT'S EDUCATION 16a. DEC	16b. KI	ND OF BU	SINESS/IND	USTRY								
Ē	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)												
AP.	12 Home	emake	r										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Mid	dle, Maiden	Sumame)						
BE (James M. McCain			Eugeni	ia Nor	rell							
70				nd Number or Rural									
				Ave., Ha	agerst								
	Buriel 2 ☐ Cremation 3 ☐ Removal trom State other place	(8)		netery, crametory or		Hagerstown, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	t Have	en Ceme		CILITY 261								
				D ADDRESS OF FA									
	Fred L. Vestal		415 E.	Wilson	BIAG.	, на	gerst	own,	Md 21740)			
	23. PART I. Enter the diseases, or complicatione that caused the dea shock, or haert failure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition								Approximete Interval Bety Onset and D	ween Desth			
A.	Buct cell carcinoma laft breast with widespread 5Yrs Duct of the consequence of the cons												
7	bone and liver metastasis												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CA	CAUSE (Disease or Injury												
E	that initieted events DUE TO (OR AS A CONSEQUENCE OF):												
ER	resulting in death) LAST												
	PART II. Other significant conditions contributing to daeth but not resulting in the underlying causs given in Part I. 24s. WAS AN AUTOPSY FINDINGS												
MEDICAL	PERFORMED? AMAILABLE PRIDR TO COMPLETION OF CAUSE												
ED		YES 2	M NO		DF DEATH?								
Σ					_				1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpertent 2 ER/Outpettent 3		THER:			-F-7							
4	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME (e 5 🗆 Residence		,	INJURY OCC	TIBED					
	1 💢 Natural 5 🗌 Pending (Month, Day, Year)	INJUR	Y WO	RK? YES 2 NO	200. 5200.	NOL NOW		01120					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home building etc. (Specific)	ne, farm, atre			28f. LOCAT	28f. LOCATION (Street and Number or Rural Route Number.							
COMPLETED	4 Homicide determined building, etc. (Specify)				City or	Town, State,)						
LE	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my knowledge death occurred at the time date and close and due to the association of the control of th												
M	29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.												
	29b. SIGNATURE AND TITLE OF DERTIFIER					- p.a.a., a.							
BE	Charles (1) Amore			29c. LICENSE NU	MBER		29d. DATI	E SIGNED	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	7	ried)	40106	2		LAp,	cil.	22,1991				
							F		,				
	217 W. Washington St. Hagers	town	Md. 2	1740									
	217 W. Washington St. Hagerstown Md. 21740 31. DATE FILED (Month, Day, Year) 32. REGISTRAB'S SIGNATURE ADD 23 'Q1' Author Javidson Randelle.												



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90	35-1	3
90	N. S.	25.00
90		
		90

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.

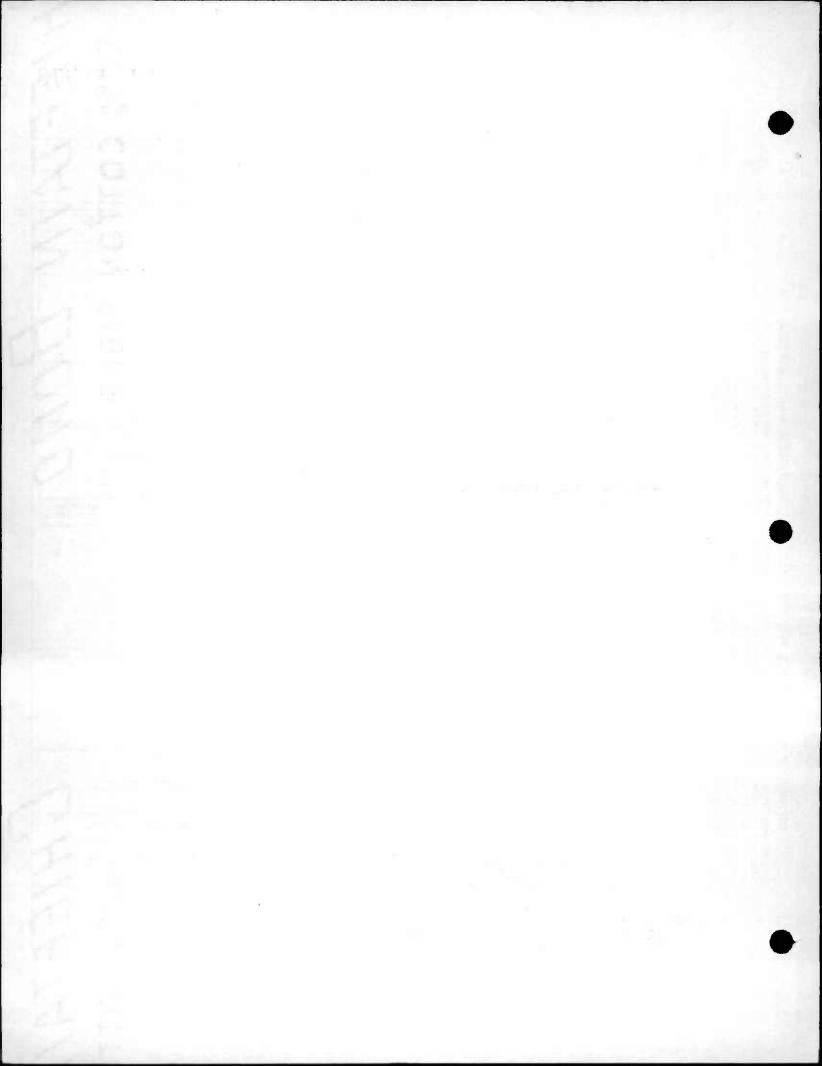
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, L. William	nst)			Sci	heid		2. DATE MONTH Apri	1 12,	* 1991	YEAR	3. TIME OF OEATH 10:30 AM
4. SOCIAL SECURITY NUMBER 135-10-0510	5. SEX 11∑12M 2 ☐ F	6. AGE (In yrs. les		IF UNDER 1 YE	AR IF UN	DER 24 HRS. B MIN.	(Month,	Dey, Year)		Count	IPLACE (State or Foreign ry)
e. FACILITY NAME (If not institution, g				96. CITY, TO	wn on Loc ethes			/, I	9c. COUN	TY OF D	
New Jersey			10c. CITY,	TOWN OR L							10d. INSIDE CITY LIMITS?
98 Indian Run	Parkway				101. ZIP C	ουε 07083			,	U.S.	WHAT COUNTRY?
I. MARITAL STATUS Never Married 2 Married WWW. Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES X	RMED NO	If yo	DECENDEN e, specify Co YES ZATA	iban, Mexic	an, Puerto R	? (Specify Yes lican, etc.)		14. RACI	E — American Indian, k, White, etc.
15, DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12		(0	ECEDENT'S U live kind of wo Do NOT use Sal	Isual occu ork done durin retired.)	g most of wo	rking	16b.	KIND OF BU	siness/indu		e
7. FATHER'S NAME (First, Middle, Last Rudolph		Sche	id			other's N.	AME (First, N	fiddle, Maiden	Surname)		Retig
Richard E. Sch	eid							er, City or Tow			0814
0a. METHOD OF DISPOSITION XXBurial 2 ☐ Cremation 3 ☐ ☐ Donation 6 ☐ Other (Specify)	Removal from State	other p	of dispositions)	d Memo	orial	Park		U:		Nev	v Jersey
1. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Q	M00522	22 NAI ROI Bet	ert hesda	Pu Pu -Che	mphre vy Ch	y Fun	eral i	Home 755	7 Wiscons
Sequentielly list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events esuiting in death) LAST	b. unknowi	atic ca: (OR AS A CONSE OR AS A CONSE (OR AS A CONSE	OVENCE OF) CY OVENCE OF)	:							3 month
ART W. Other significant cond anemia liver fai		death but not	resulting in	the under	tying caus	e given ir	n Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	241	awailable prior to completion of causi of death?
5. WAS CASE REFERRED TO MEDICA					OR PLACE O	E OFATH (C	hack only on	-			1 Tes 2 No
EXAMINER? 1 YES 2XXNO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:							
7. MANNER OF DEATH 1XXNetural 6 Pending 2 Accident Investigat	28s. DATE OF (Month, De		26b. TIME INJU	OF 28	C. INJURY AT WORK?			CRIBE HOW	INJURY OCC	URED	
3 Suicide 6 Could no 4 Homicide determine	28e. PLACE O	F INJURY — At h etc. (Specify)	ome, farm, at	reet, factory,	office			ATION (Street or Town, State)		or Rurel	Route Number,
anal	HYSICIAN: To the best of MINER: On the basis of ea										a) and manner as stated
9b. SIGNATURE AND TITLE OF CERT	G C	21	1/	5	29c.	ICENSE NO	MBER 72/	,			0 (Month, Day, Ybar) 1 12, 1991
John A Galot	who completed cause to, M.D.,				oad,	#1, E	Bethes	sda, M	D 20	814	
ADD 1 5 91		A'S SIGNATURE	delle						-		



DHMH-16 Rev 1/89

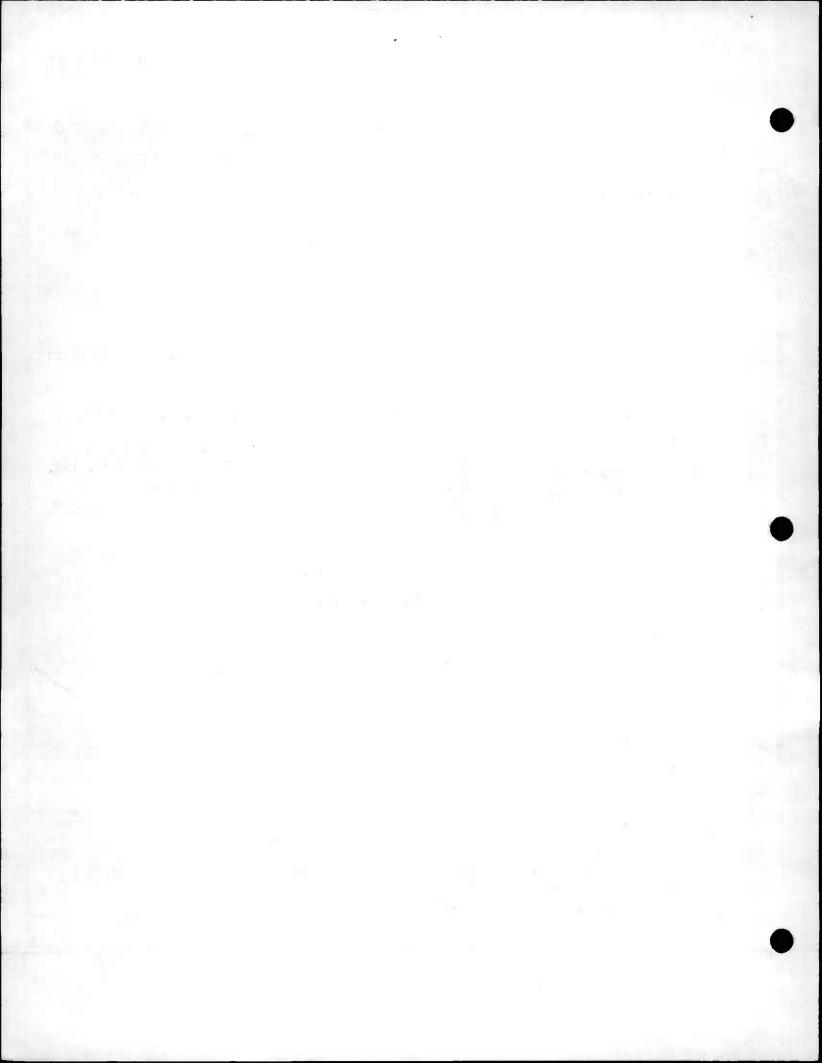
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/ISION	OD ATTENDING DINGS (188). The last consises that the
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		1. DECEDENT'S NAME (First		Hary El						MONT		7 9	EAR	SOD M	
		4. SOCIAL SECURITY NUMB 188-07-296 9a. FACILITY NAME (# not in	59	5. SEX 1 M 2 X F	8. AGE (In yrs. II	est birthday) YRS.	MONTHS DAY	78	IF UNDER 24 HRS. HOURS MIN.	1-2	of BIRTH 8-1917	Р	country) enns	ylvania	
	TOR	Francis So	ott 11		enter				FIORE	ATH		9c. COUNTY Ba	1tim		
F. Pag.	DIRECTOR	10a. STATE	10ь соинт Howar				r, town or Lo	CATIO	ON	1.2				d. INSIDE CITY LIMITS? TYES 2 NO	
bunal-transit permit.	FUNERAL	100. STREET AND NUMBER 9680 J Barrel House Road 101. ZIP CODE 20723 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. SHIMED 109. CITIZEN OF WHAT COUNTRY USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. SHIMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No) 14. RACE — American In													
the bunal-tr	ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 (INO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — A Black, White Specify: In YES 2 (INO IF YES, GIVE WAR OR DATES) 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Yea or No—If yes yes yes yes yes yes yes yes yes yes												Thite, etc.	
ed for use as the	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 12 College (1-4 or 5+) 12 Dept. of Action (Give kind of work done during most of working life. Do NOT use retired.) Lab Techinician Dept. of Action (College (1-4 or 5-))												iculture	
d be detached	ш	17. FATNER'S NAME (First, Middle, Last) Charles Temple 18. MOTNER'S NAME (First, Middle, Maiden Surname) Alice Hartman													
ge 5 should e notified	TO B	19a. INFORMANT'S NAME (Type/Print) Gary L. Stutzhan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9195 - D Hitching Post Lane Laurel, 11D 20723													
e funeral director, page al.		206. PLACE OF DISPOSITION (Name of cometory, crematory or 10 Burlel 2 Cremation 3 Removal from State Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Property of Lind Name of cometory, crematory or 20c. LOCATION - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Location - City of Town, State of Town, State of Location - City of Town, State of Location - City of Town, State of Town, State of Location - City of Town, State of Location - City of Town, State of Town, State of Town, State of Town, State of Town, State of Town, State of Town, State of Town, S													
in by the funeral director, page r removal.	<	> / Call	alle	Sulea	des				andy Spr						
200 5		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a.	anding	ne. pulm	na	mod	la of dying, such	h ea car	diec or reap	iretory arrea	t,	Approximate interval Between Onset and Death	
ing physician and completely file glene prior to burial, cremation, other traumatic event, the	NOI	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
DE TO	CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.													
een signed by the att of Health and Menta shows any injury,	MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE. OF DEATH? 1 YES 2 NO													
ate Dept.	SICIAN	25. WAS CASE REFERENCE IN MEDICAL EXAMINER? DYNAMINER OF DEATH (Check only one) OTHER:													
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RECTOR: A urs after d m 28 ls	ETED	4 Homicide	Could not be determined	buildin	OF INJURY — At g, etc. (Specify)	nome, rem, :	street, factory,	offica			CATION (Street or Town, State		Hural Houl	e Number,	
FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. (TANT: If Item 28 is marked, or Item 23.)	COMPLE	one)		BICIAN: To the best ER: On the basis of										nd manner ea stated.	
TO THE FUNERA TO THE FUNERA De filed within 7 IMPORTANT: I	BE	296. SIGNATURE AND PITE	Abs beautie	ER					29c. LICENSE NUI			29d. DATE 9	IGNED (M	Ionth, Day, Year)	
268	10	30. HAME AND ADDRESS O	PERSON W	HO COMPLETED CA	WSE OF DEATH (I'	ТЕМ 27) (Туре	, Print)		大71	58			r/7	191	
8		31. DATE FILED (Mgoth, Day)	Ha-	32. REGISTI	RAR'S SIGNATURE	لبا				-					
	1 4	4/7/	91												

Julia Davidson Roydelle

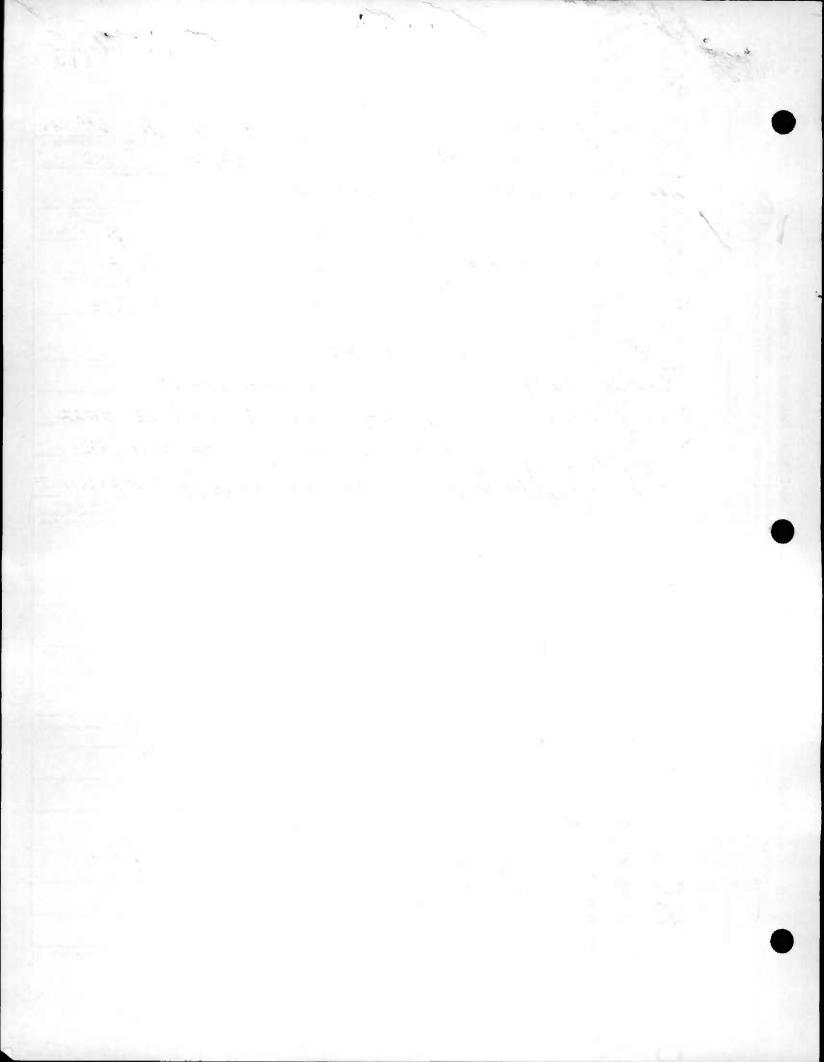
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENT'S NAME (First, Middle, Last)							OF DEATH	L	1122	3. TIME OF DEATH
LAURA V.	SCHMAUS					MONT	1 0/	1	YEAR 91	640 A
SOCIAL SECURITY NUMBER	5. 9EX	8. AGE (In yrs. lest birthday)					OF BIRTH			PLACE (State or Foreign
318-09-2005	1 🗆 M 2 💢 F	87 YRS.	MONTHS	DAYS HOURS	WIN.	Mont	Day Year	3	Count	MD.
FACILITY NAME (If not institution, give :	street and number)		9b. CITY,	TOWN OR LOCATI	ON OF DEA	ATH	7 - 7	9c. COU	VTY OF D	EATH
MERCY MEDICAL	CENTER	٠.	1	BALTIMAN	E					
SIDENCE OF DECEDENT			-	7777						
. STATE 10b. COUNT	TY.	10c. Cf	TY, TOWN O	OR LOCATION						10d. INSIDE CITY LIMITS?
MD.		B	ALTI	MORE						1 YES 2 NO
STREET AND NUMBER				101. ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
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MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		WAS DECENDENT				or No-	14. RACI	E — American Indian, c, White, etc.
Never Married 2 Married Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	MAR OR DATES		If yes, specify Cubi 1 TES 2 XNO			Rican, etc.)		Spec	
15. DECEDENT'S EDU	JCATION	18e. DECEDENT				166	. KIND OF BUS	SINESS/IND	USTRY	1110
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	Min Do NOT	l work done d use retired.)	during most of world	ing					
8	College (1-4 b) 5	HOU	SEW	IFE						
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INFORMANT'S NAME (Type/Print)	2115	1 40. 40	0 4000000					_	0-2:	
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Donation 5 Other (Specify)		- PARKU	2001	D CEN	1.		54	LITO	· Co	. (TD.
SIGNATURE OF FUNERAL SERVICE LI	ICENSEE /	0 1	22.1	NAME AND ADDRE	ESS OF FAC	YTLIK				
Almes 1.	Ale.	la -le.	1	1/11		CV	020 /	[// .	2018	HUDSONS
3. PART i. Enter the diseases, or shock, or heert failure. IMEDIATE CAUSE (Finsi	complications the List only one cau	use on each line.			ring, such) /} /+-	diec or reapi	_		Approximate interval Between
shock, or heert fallure.	s	at caused the deeth. Do use on each line. **Cheal Em O (OR AS A CONSEQUENCE	bolis		ring, such) / //-	diec or reapi	_		
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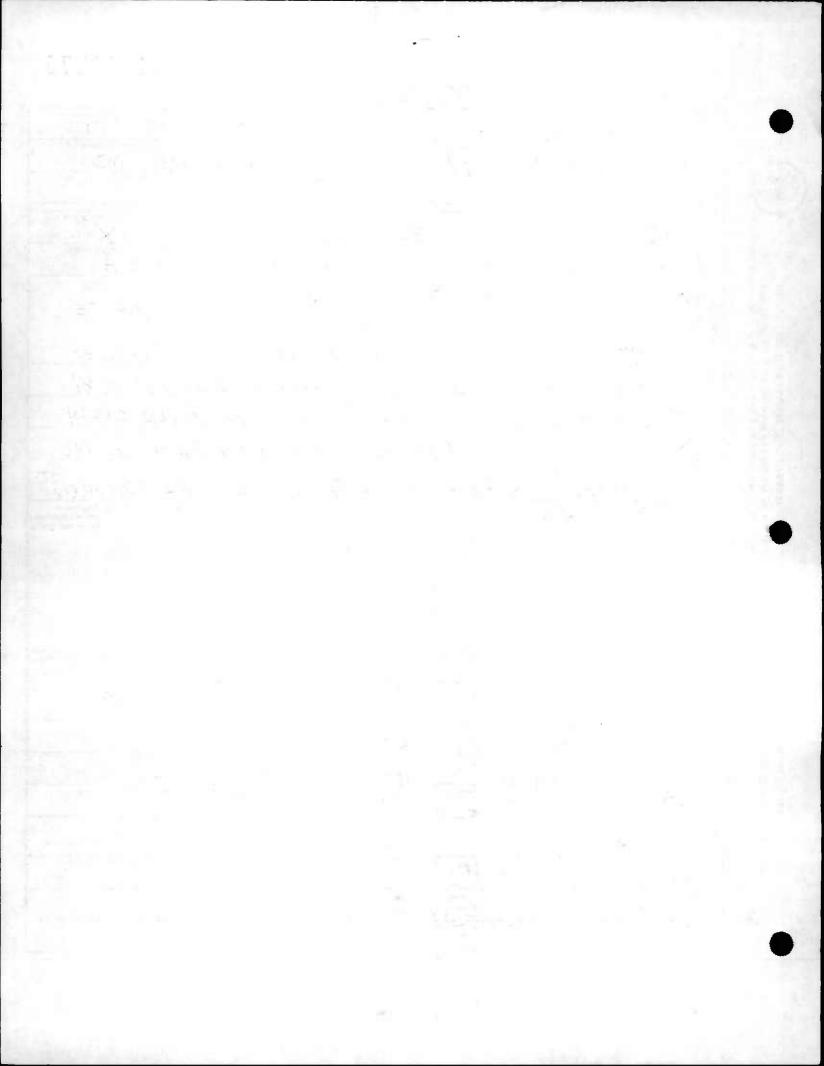
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	DIRECTOR
	TO BE COMPLETED BY FINEBAL
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	THE GIOTTE WITH				111-	***			
- 3	1. DECEDENT'S NAME (First, Middle, Lest)		STEED		2. DATE OF DE	CO AND	YEAR 3. T	IME OF DEATH	
	ADRIAN C.								М
		GE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIF (Month, Day,	Year)	Country)	E (State or Foreign	
	010 00 1110	YRS.	DI 01771 7011		4-26		<u>/n</u>	D ·	
œ	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOW	N OR LOCATION OF OR	AIH	9c. COUNT	Y OF DEATH		- 1
Ē	2844 HUMAON STREET	BAI	TIMORE CI	TY				-	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LO	CATION			10d.	INSIDE CITY LIMITS?	\neg
	MD.	Bal	TIMO	RE			1)	YES 2 NO	
₹	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?	
FUNERAL	2844 HUDSON ST			21224		0.	-D. H	•	_
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 DONO	If yes,	ECENDENT OF HISPAN specify Cyben, Mexica			4. RACE — A Bleck, Wh	maricen Indien, ite, etc.	- 1
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OF	R OATES	1 U Y	ES 2 NO Specif	/ :		Spectly:	TE	1
	15. OECEDENT'S EOUCATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KINO	OF BUSINESS/INOU	STRY	1 -	\dashv
ᄪ	(Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)	life. Do NOT use	ork done during retired.)	most or working					ŀ
릴	774	MANA	SER 1	RAINEE	1-0	0D 96	ERUI	CE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle,	Malden Surname)	1	- 111	
BE	MOBERT A. STEE	ED		FRANC	CES D	ZWON	(ow	SKI	
ဥ	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et end Number or Rural	-	y or Town, State, Zip C	ode)	2111	
	200. METHOD OF DISPOSITION	284	+ AU	DSONSI	BAL	20c, LOCATION — CI	ty or Town,	~~7	_
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	of centerary cremating	or other place)	EM.	4-9.91	RAITO	- CO.	MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	111	22. NAME	AND ADDRESS OF FA		OFGE	Co.	110	
1,12	I thomas . Aka	eda hi	Hot	FMALK-	SKARIS	RFH.	32/8	HUDOW 57	7.
	23. PART I. Enter the diseases to complications that cau shock, or heart failure. List only one cause o	ised the death. Do n	ot enter tha	moda of dying, suc	h as cardiac o	r respiratory arre	st,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	A.		-				Onset and De	
	disease or condition a. Since	hora	lu	M					
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ΕI	if any, leading to immediate cause. Enter UNDERLYING	O A GONSEGUENCE OF	,-				Ì		
∢ Ι	CALICE (Disease on labor) S G	AS A CONSEQUENCE OF):						
FICA	CAUSE (Disease or Injury that initiated events OUE TO (OR A	AS A CONSECUENCE OF							
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- CERTIFICATION	that initiated events resulting in death) LAST		n the underly	ving cause given in	Part I 24e	WAS AN AUTOPSY	24h WE	SF AUTOPSV FINDING	igs
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

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1. DECEDENT'S NAME (First		RA MAE C	HENAU	די פו	LAYTO	M	2. DA	TE OF DEATH	ž 10	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMI			6. AGE (In yrs. le:		IF UNDER 1 YEA		-	TE OF BIRTH	7 17	6. BIRTHPL	ACE (State or Foreign
578-32-30	75	1 🗆 M 2 💢 F	66	YRS.	MONTHS DAY	8 HOURS MIN.	01	-16-19	925	Country)	ginia
9a. FACILITY NAME (If not in		street and number)				N OR LOCATION OF	DEATH			ITY OF DEA	тн
11378 High					Co	lumbia			Но	ward	
10e. STATE	10b. COUNT				TOWN OR LO					1	0d. INSIDE CITY LIMITS?
Maryland		ward		(Colum						XXES 2 NO
11378 High						101. ZIP CODE 21 (044			SA	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 🛛		If yes	DECENDENT OF HISP, , specify Cuben, Mexi YES 2XXVO Spec	cen, Puerl		or No—	Black, \ Specify:	- American Indian, White, etc. White
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Elementary/Secondary (College (1-4 or 5+)				most of working		0.7	. 7. *	5	1 0 00 1
17. FATHER'S NAME (First, A	Notette Conti	1+	EX	ecut.	rve A	. Pres.		Colur		Ban.	k & Trust
		wey Chen	nault					eigh Ma	,	n	
19e. INFORMANT'S NAME (b. MAILING	ADDRESS (Stra	net and Number or Run			_		
Jennifer	Leig	h Seeds	1	1378	High	Hay, Co	olum	nbia, N	lary	land	21044
20e. METHOD OF DISPOSIT		noval from State	20b. PLACE	AND DATE	OF DISPOSIT	ON (Name	1	1		City or Town	
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Elopush	Mas	Sluck	_ m	00 53	400	Ellico		Slack			
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cause. Entar UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	ING Ury	C. DUE TO (OR AS A CONSE	OUENCE OF):						
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			death but not	resolung ii	Title directi	ynig cause given i		PERFOR	MED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL				26	S. PLACE OF DEATH (Check only	(one)			
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27. MANNER OF DEATH 1 Natural 6 2 Accident	Pending Investigation	26e. DATE OF (Month, Da	INJURY ly, Year)	28b. TIME	JRY	INJURY AT WORK?	28d, [DEȘCRIBE HOW I	NJURY OC	CURED	
0 0 0 1 14	Could not be determined	26a. PLACE OF building, o	FINJURY — At h	ome, farm, s	treat, factory, o	office	261. L	OCATION (Street a Lity or Town, State)	and Number	or Runal Roo	ute Number,
one) 2 MEC	DICAL EXAMIN	ER: On the best of ex							d due to th	se cause(e) e	
Callell	LUL CERTIFIE	7m1				29c. LICENSE N	S32	2	≥ 4	signed (Month, Day, Year)
T.A. DAD	ISMA	HO COMPLETED CAN'S	ZKA	UN	MU (& Colle	unh	ra m	0 =	209	5
APR 0 8	91	Jestia Dan	R'S SIGNATURE	ndell.							

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, as filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial-tran, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

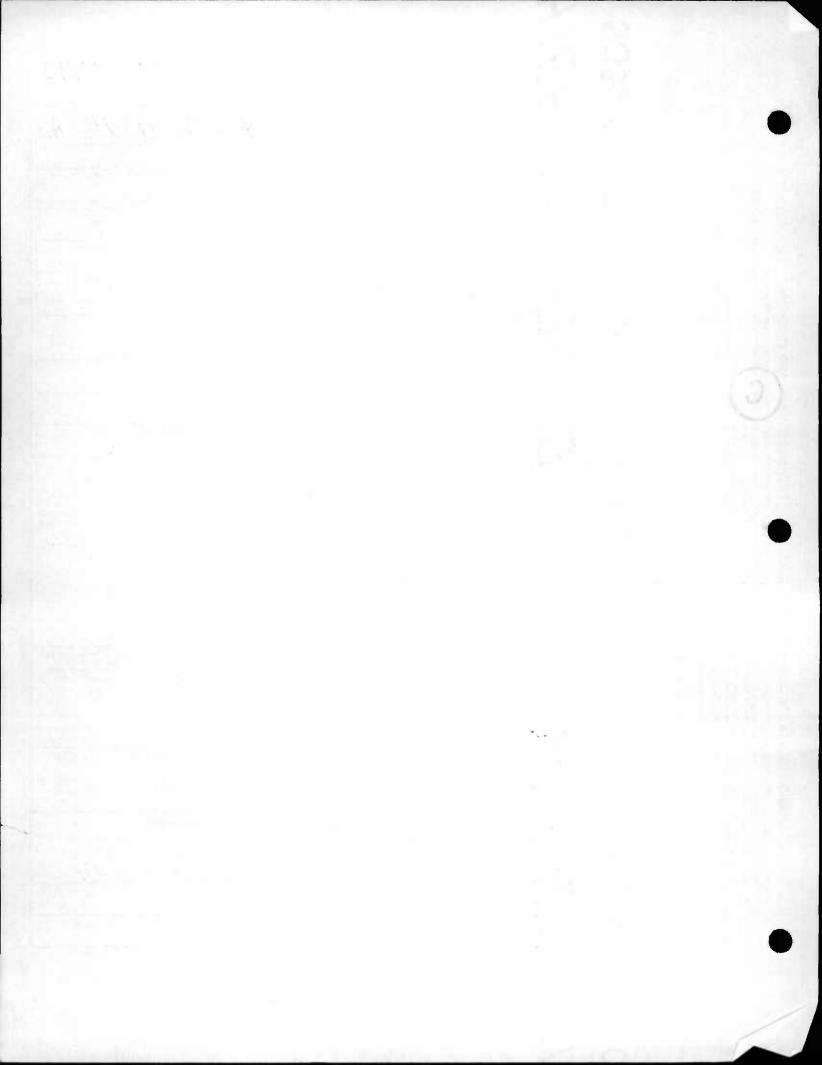
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Baltimore Maryland		20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITION			-	
Harry H Witzke Funeral Home Inc.			oval from State	Most Holy	Redeemer	Bal	timore M	aryland
A PART II. Cities algoritical conditions. Sequentially list conditions. If any, leading to immediate cause. Enter VINDERLY in the Intellect or condition contributing to death but not resulting in the underlying cause given in Part I. 28. WAS CASE REFERRED TO MEDICAL EXAMINERY of Part II. 28. WAS CASE REFERRED TO MEDICAL EXAMINERY of Part II. 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. WAS CASE REFERRED TO MEDICAL EXAMINERY of Part II. 29. WAS CASE REFERRED TO MEDICAL EXAMINERY of the Death of Working of Part II. 29. PLACE OF DEATH (There) algorities to the couse(e) and menner as stated. 20. Selection of the death of mentions of the course of the stated. 29. CERTIFIER (Month) ADDRESS OF PERSAN WHO COMPLETED CAUSE OF DEATH (TEM 27) (Spa. Print) 20. Name and address of Persan due to the couse(e) and menner as stated. 20. Name and address of Persan due to the couse(e) and menner as stated. 20. Name and address of Persan who completed at the time, date and piece, and due to the couse(e) and menner as stated. 20. Name and address of Persan who completed case of Death (Titled Part 27) (Spa. Print) 20. Name and address of Persan who completed case of Death (Titled Part 22) and the time, date and piece, and due to the couse(e) and menner as stated. 20. Name and address of Persan who completed case of Death (Titled 27) (Spa. Print) 20. Name and address of Persan who completed case of Death (Titled 27) (Spa. Print) 20. Name and address of Persan who completed case of Death (Titled 27) (Spa. Print) 20. Name and address of Persan who completed case of Death (Titled 27) (Spa. Print) 20. Name and address of Persan who completed case of Death (Titled 27) (Spa. Print) 20. Name and address of Persan who completed case of Death (Titled 27) (Spa. Print) 20. Name and address of Persan who completed case of Death (Titled 27) (Spa. Print)		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ACCRESS OF F. Harry H Witz	ACILITY ke Funeral	Home In	c .
Shock, or heart felliure. List only one Teurs on asch line. MMEDIATE CAUSE (Final disease or condition resulting in death)		Harry &	7. Withke					
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2 Accident investigation 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 28e. PLACE OF INJURY — At home, farm, sine landers, affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Siste) 281. LOCATION (Street and Nu		1 Natural 5 ☐ Pending			WORK?	Zou, or or or not	INDOM DECONED	
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end ptace, end due to the ceuse(e) end menner es atated. 29b. Silva TURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 4 Homicide determined 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 4 Homicide determined 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 4 Homicide determined 29d. OATE SIGNEO (Month, Day, Year) 29d. OATE SIGNEO (Month, Day, Year) 29d. OATE SIGNEO (Month, Day, Year) 29d. OATE SIGNEO (Month, Day, Year) 29d. OATE SIGNEO (Month, Day, Year)		a C cutter	28e. PLACE OF INJUS	RY — At home, farm, street		281, LOCATION (Street	and Number or Rural	Route Number,
296. SIDENTURE AND TITLE OF CERTIFIER LEVEL 27 (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BRUCE CONCUL, MD 11055 Little PATUXENT Pau y CoL, Md	TE		bunding, atc. (3)	recary)		City or lown, Stelle	,	Ì
296. SIDENTURE AND TITLE OF CERTIFIER LEVEL 27 (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BRUCE CONCUL, MD 11055 Little PATUXENT Pau y CoL, Md	MPLE	(Check only						(a) and manner as stated
2 So. N. HE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BRUCE. CONCILL, MD 11055 LITTLE PATUXENT PLNG COL, Nd		1		- Indian investigation, in				
BRUCE CONGER, MD 11055 LITTLE PATUXENT PANY COL, NO		THE OF CERTIFIE	Herman		D3	7613	D 4	The ground pay, really
	2	30. N. ME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print)	1 10 /-	uver! D		Culad
1		31. DATE PILED (Month, Day, Year)	82. REGISTRAR'S SIC	INATURE	LITTLE [HI	LAUT TK	ng	21044

BALTIMORE, MAPYLAND 21203-3146

O. BOX 13146,

	TO THE !	to The
ב	HOSPITAL 0	FUNERAL DI
VISION	R ATTENDING	RECTOR: After urs after deat
OF VIEW	PHYSICIAN: TI	this certificate with the State
DIVISION OF VITAL MECORDS, P.O.	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certif	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending is be filed within 72 hours after death with the State Dept. of Health and Mental Hygien
. F. C.	the death certif	the attending d Mental Hygier

	1. DECEDENT'S NAME (First,		TANNEY			2. DATE OF CEATH 3. TIME OF D			3. TIME OF DEATH				
	ETHE		BROWNE			14	·N1	EY	77	- 9	_ 9	7	10 A .
	4. SOCIAL SECURITY NUMB	ER		GE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTHP	LACE (State or Foreign
- 1	578-32-5765		1 M 2 F	101	YRS.	BIONTHS	DAYS	HOURS MIN.	AUG.1		9 1		INGTON, D.C.
_	9a. FACILITY NAME (If not in	9a. FACILITY NAME (If not institution, give street and number)									9c. COUNT	COUNTY OF OEATH	
DIRECTOR	9219 COLUMB	9219 COLUMBIA BOULEVARD					SILVER SPRING MON				NTGO	MERY	
မ္က	10e. STATE	10a. STATE 10b. COUNTY				Y, TOWN	OR LOCA	TION				T	10d. INSIDE CITY LIMITS?
	MARYLAND	MON	TGOMERY			SIL	VER	SPRING					1 YES 2 NO
₹ I	10e. STREET AND NUMBER						10	H. ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
<u> </u>	9219 COLUMB	IA BOU						20901-1	723		U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I			ES 2 X	MED 40	- 1	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexica S 2 ANO Specif	en, Puerto Rica		a or No 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
		EDENT'S EDU			CEDENT'S			ION oet of working	16b. Kil	ND OF BUSI	NESS/INDU	STRY	
<u>آ</u> ہ	Elementary/Secondary (0		College (1-4 or 8+)	III.	Do NOT u	se retired.)	Conning in	out or working					
를	1.0		4	ADM	INIS	TRAT	OR	WRAMC	FEI	ERAL	GOVE	RNME	ENT
COMPLETED	17. FATHER'S NAME (First, M.							16. MOTHER'S NA					
BE (PHILLIP BR							JOSE:	PHINE	BATES			
2	19a. INFORMANT'S NAME (7)	,						and Number or Rural					
-	CYNTHIA M.								SILVE				LAND 20910
	20a. METHOD OF DISPOSITI		oval from State	other pl	ece)			emetery, cremetory or			ATION — C		
	4 Donation 8 Other	(Specify)		ROO	CK CI			ETERY		WASH	INGT	ON,	D.C.
	21. SIGNATURE OF FUNERA	SERVICE LI	1 R			F1	RANC	IS J. CO	LLINS	FUNER	AT. HO	OME.	TNC.
	Much	ul o	Degl	er									,MD. 20901
CERTIFICATION	Sequentially list condition resulting in death) Sequentially list condition any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events	diate ING Iry	a. JULE TO (OR . DUE TO (OR . DUE TO (OR .	AS A CONSEC	OUENCE O	19: 10: 19:	a	terio	Tall	ero:	ILS	<u> </u>	Byrs
	resulting in death) LAS	' L	d										
	PART II. Other algorifica	nt condition	ne contributing to dear	th but not r	reauiting	in the u	ndartvir	na Cause aiven in	Part i. 24	a. WAS AN A	WTOPSY	24b.	WERE AUTOPSY FINDINGS
5										PERFORM	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL									— '	YES 2	Thuo		OF DEATH?
I													1 TYES 2 NO
¥	25. WAS CASE REFERRED T	O MEDICAL					26. F	PLACE OF OEATH JOI	heck only one)		_		
	EXAMINER?		HOSPITAL:	Outpatient 3	□ DOA	OTHE	R:	me 5 Residence		necify)			
PHYSICIAN	27. MANNED OF DEATH		28a. DATE OF INJU	IRY	28b. TII	AE OF	28c. IN	JURY AT	28d. DESCR		JURY OCC	URED	
		Pending Investigation	(Month, Day, Ye	er)	IN	JURY		YES 2 NO					
TED BY	3 Suicide 8	Could not be determined	28e. PLACE OF INL building, etc.	IURY At ho (Specify)	ome, farm,	street, fac	ctory, offi	Ce	281. LOCATION OF T	ON (Street ar fown, State)	nd Number o	or Rural Ri	oute Number,
COMPLETED	one)		ICIAN: To the best of my I										and manner as stated,
	29b, SUMATURE AND TITLE	OF CERTIFIE	R / /	111	-	-		29c. LICENSE NU	MBER		29d, DATE	SIGNEO	(Month, Day, Year)
BE	2. sor	go	ack	VW.	W.			D/2	-12	/	1	1-0	7-91
임	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAUSE OF	F DEATH (ITE	M 27) (Typ	e, Print)						•	7.
-	GEORGE SENG	STACK.	M.D. 3929	FERRA	ARA T	RTVE	TAT	HEATON, N	MARVIA	VID 20	906		
ı	31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE					.au LLA	-11	, CLU		
- 1	ADD 12	'91	Gruna Dai	Helman 7	tranda 0	9.							



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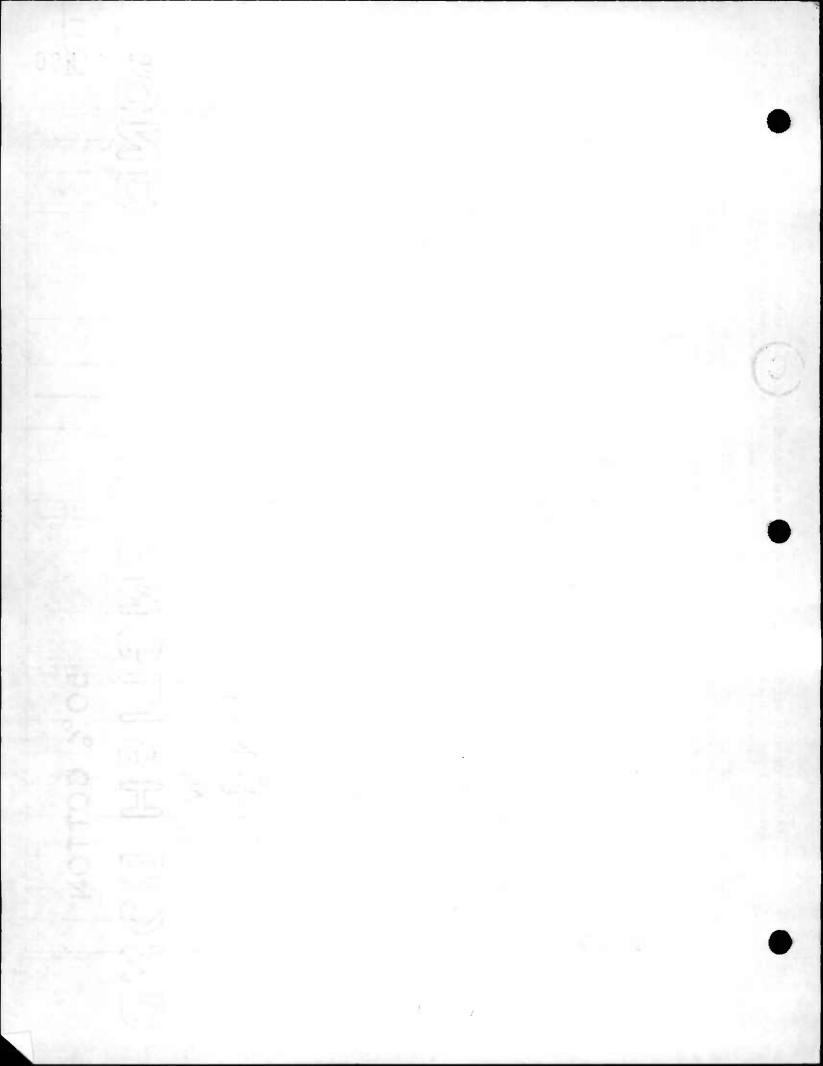
or attending physician. 21215-0020

BALTIMORE, MAR

for use as the burisi-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained in the hos TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be streen be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

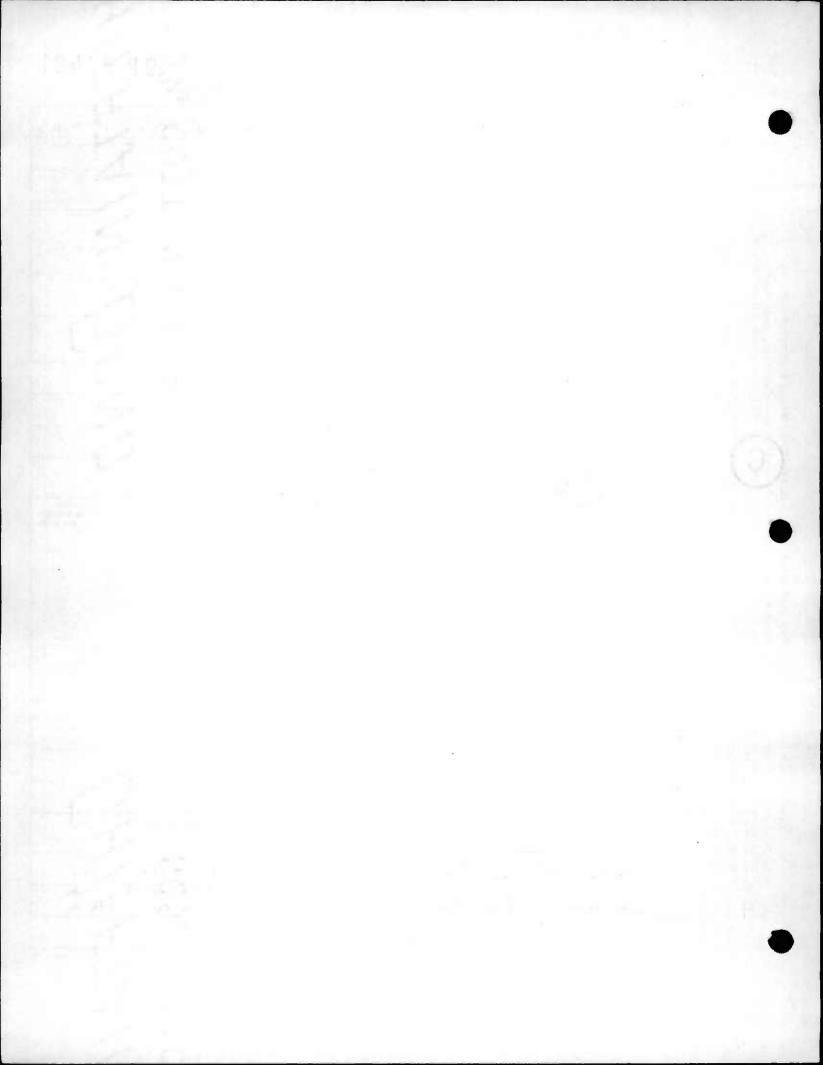
FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	-			
1. DECEDENT'S NAME (First, Middle, Lass	laylor	GE S. TA	YLOR	2. DATE OF DEATH MONTH CAPRIL 10	, 199			
4. SOCIAL SECURITY NUMBER 252-18-3898 9a. FACILITY NAME (If not institution, give	1 💀 M 2 🗆 F	69 YRS. MO	UNGER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) DEC. 7, 19	0	BIRTHPLACE (State or Foreign Country) LABAMA OF DEATH		
HOLY CROSS I	HOSPITAL		SILVER SPRING		MONTG	OMERY		
10a. STATE 10b. COUN	GOMERY		OWN OR LOCATION KVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 15311 ROSECROFT	ROAD		101. ZIP CODE 20853			CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: WHITE		
1S. DECEDENT'S ET (Specify only highest gra	College (1-4 or 5+)	16a. OECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	18b. KIND OF BU	ISINESS/INDUST	RY		
17. FATHER'S NAME (First, Middle, Last)		OLLINIC	18. MOTHER'S N	AME (First, Middle, Malder				
SHELBY EARL	TAYLOR		CLYI			LARK		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura	- 0211				
ROSE ANN TAYLO	OR (WIFE)	15311 R	OSECROFT ROAD	, ROCKVILL	E, MARY	LAND 20853		
20a, METHOD OF DISPOSITION 1 57 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State of	b. PLACE AND DATE OF cemetary, crematory or of A D.T. T.N.C.TON		DATE 20c. L				
21. SIGNATURE OF FUNERAL SERVICE		ARLINGION	22. NAME AND ADDRESS OF F			, VIRGINIA		
mulul.	2 Begler		1			ME, INC SP., MD 209		
Sequentielly list condition, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a	A CONSEQUENCE OF): A CONSEQUENCE OF):	Diffuse 1	collaps	(1	1445		
PART II. Other eignificent conditi	one contributing to deeth b	out not resulting in t	he underlying cause given i		N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Pinpatient 2 ER/Out		THER: Nursing Home S Aesidence	8 Other (Specify)		2 0 1		
27. MANNEB OF DEATH 1 Natural S Pending Investigatio	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJURY AT WORK? M 1 TYES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
2 Accident 3 Suicide 6 Could not to determined	28a, PLACE OF INJURY	f — At home, farm, atre- city)	et, factory, offica	281. LOCATION (Stree City or Town, State		Rural Route Number,		
toriock only			nt the time, date and place, and do			nuse(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF	DEN DE Y.	1 -	29c. LICENSE N	UMBER 690	29d. DATE SI	GNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON			SPRIKI	ws. 20	900			
31. DATE FILED (Month, Day, Year) APR 1 2 '91	32. REGISTRAR'S SIGN	SILJE Z NATURE Non-Pandell	,					



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years attained the page is the retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the form of the page is the page of Schould be detached be filed within 72 hours after death with the State Dept. of Health and Merial Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical extra has page notified at once.	
ithin 24 yours after letely filled in by the emation, or removal nt, the medical	
ficate be executed w physician and comp ne prior to bunal, cr	
that the death certified by the attending h and Mental Hygler any injury, or oth	
vi. The law requires cate has been signi State Dept. of Healt item 23 shows	
ENDING PHYSICIAN OR: After this certifiter death with the 8 is marked, or	
O THE HOSPITAL OR AT O THE FUNERAL DIRECT E filed within 72 hours at MPORTANT: If Item 2	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT		MENTAL HYGII							
1. DECEDENT'S NAME (First, Middle, I	BRANDON LU	CAS TIFFAN	222	2. DATE DF DEATH		YEAR () COO P M					
4. SOCIAL SECURITY NUMBER 236-31-4779 9e. FACILITY NAME (If not institution,	1 ₹ M 2 □ F 1		A 1 YEAR IF UNDER 24 HRS. DAYB HOURS MIN. 7, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) NOV . 2 , 1	974 N	BIRTHPLACE (State or Foreign Country) ARYLAND Y OF DEATH					
4224 LANDGREEN	STREET	R	OCKVILLE		MONTO	OMERY					
10a. STATE 10b. CC		10c. CITY, TOWN	OR LOCATION VILLE		-0	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
10e. STREET AND NUMBER		ROOK	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?					
100. STREET AND NUMBER 4224 LANDGREEN 11. MARITAL STATUS			20853			USA					
1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR DR D	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)		4. RACE American Indian, Black, White, etc. Specify: WHITE					
15. DECEOENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 6 +)	16e. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF	BUSINESS/INDU						
1 1 17. FATHER'S NAME (First, Middle, Les		STUDENT	46 MOTHER'S N	AME (First, Middle, Maid	da Coment						
GUY MERCER T			100000000000000000000000000000000000000	TTE SUSAN		977					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural								
20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3	CHARLOTTE S. TIFFANY (MOTHER) 4224 LANDGREEN STREET ROCKVILLE, MARYLAND 20853 20s. METHOD OF DISPOSITION 12 Burial 2 Cremention 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crementory or other place) 20c. LOCATION - City or Town, State										
4 Donation 5 Dotter (Specify) METROPOLITAN CREMATORY ALEXANDRIA, VI 21. SIGNATURE OF FULLITY SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
· Totally	aclary	FRANCIS J. COLLINS FUNERAL HOME, 500 UNIVERSITY BLVD., W. SIL.SPR. policetions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat,									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificent cond	d.	ns contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUT PERFORME 1 YES 2									
25. WAS CASE REFERRED TO MEDIC EXAMPLER? YES 2 ND	HOSPITAL:	OTHE									
27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY	26b, TIME OF	raing Home 5 Residence 28c, INJURY AT WORK?	6 U Other (Specify) 28d. DE\$CRIBE HO	W INJURY OCCU	RED					
1 Netural 5 Pending 2 Accident Investige		INJURY M									
3 Suicide 6 Could no	Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building see (Spacify)										
	PHYSICIAN: To the best of my know										
4 Gould not determine the model of the model	Said	Dan 4	296. LICENSE NO	8546	29d. DATE	SIGNED (Month, Day, Year)					
	1 Tan	ber 5	8268 m	12 CON	12:N	Ave					
31. DATE FILED (Month, Day, Year) APR 7 7 9 7	32. REGISTRAR'S SIGN	NATURE ACOM PROGRADE									



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within working after death. Page 6 may be	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

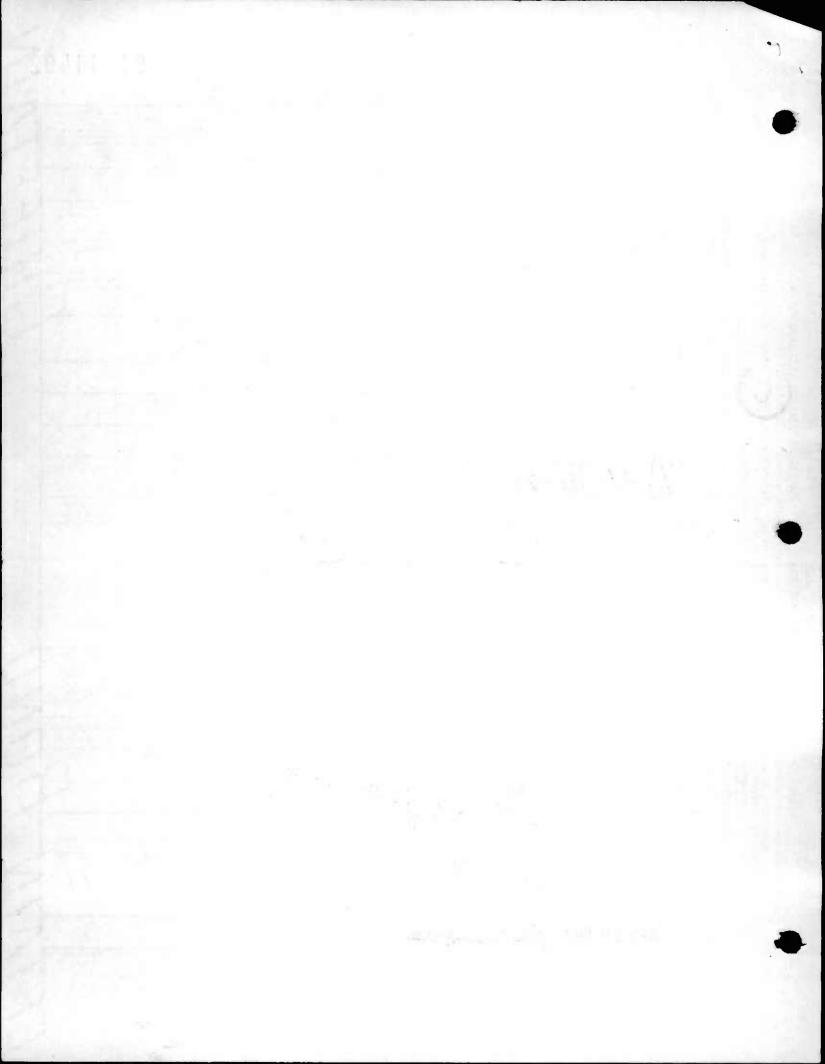
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

31. DATE FILED (Morith, Day, Year) APR 1 6

1991

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

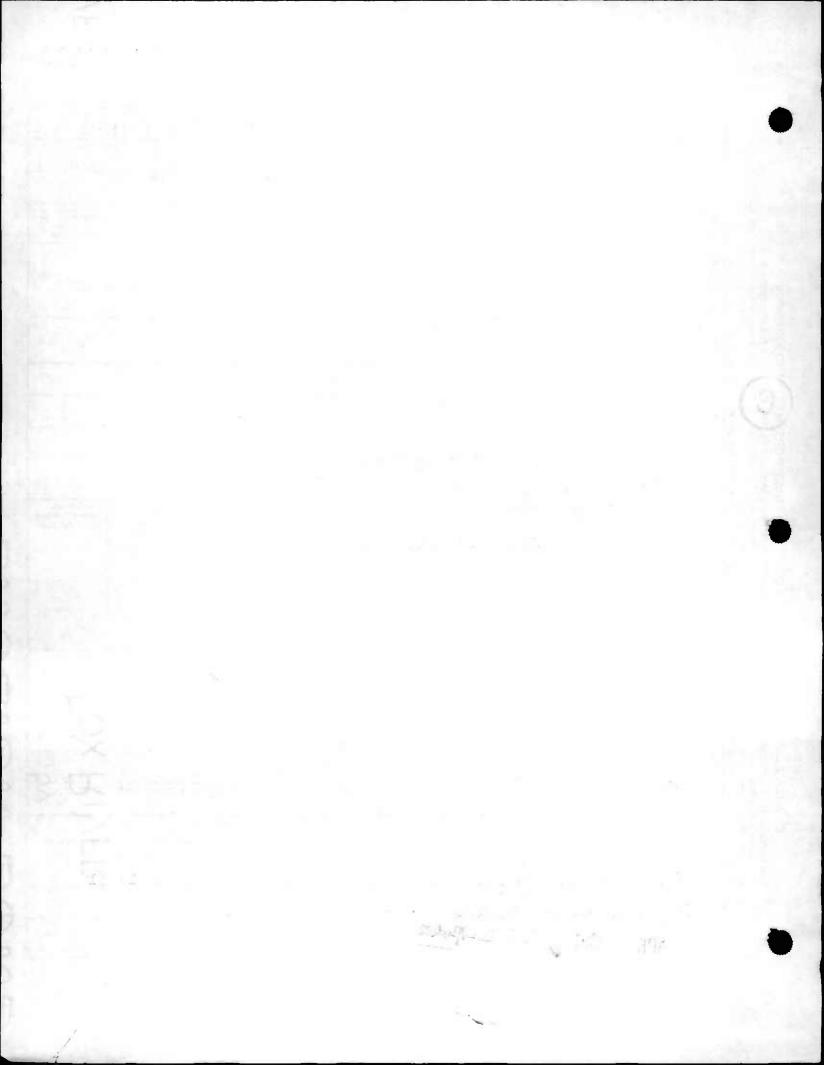
	for 1 - STATE REGISTRAR	STATE OF MAI			RTMENT OF			MENTA	AL HYGIENI REG. NO.	E	15	
	1. DECEDENT'S NAME (First, Middle, Linst)	Victoria 1	Pop The	ama c	on				e of DEATH THIL 12,	100	1YEAR	3. TIME OF DEATN 7:30 A.M. M
							-	_				
	4. SOCIAL SECURITY NUMBER 180-05-2396		AGE (In yrs. lesi 30	t birthday) YRS.	MONTHS DAYS		MIN.	Aug	th, Day: Year)	910	Count	NPLACE (State or Foreign ny) 1 •
~	9e. FACILITY NAME (If not institution, give :	street end number)			96. CITY, TOW	OR LOCAT	ION OF D	EATN		9c. COUN	TY OF D	DEATH
TO.	1302 Mill Creek	Rd.		_	Perr	ville	<u>e</u>			Cec	il	
DIRECTOR	100. STATE 10b. COUNT	Cecil			r, town or Loc Perryvi.							10d. INSIDE CITY LIMITS? 1 YES XX NO
AL	10e. STREET AND NUMBER	· · · · · ·	-			IOI. ZIP COC	Œ			10g. CITIZ	EN OF	WNAT COUNTRY?
ER	1302 Mill Cre	ek Rd.					2190	3		U	.S.2	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 XMerried 3 Widowed 4 Divorced	MED IO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 XNO Specify: 1. RACE — American India Black, White, atc. Specify: White				k, White, atc.					
ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16e. DE	CEDENT'S	USUAL OCCUPA	TION	ina	16	b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	. Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	DO NOT U	of work done during most of working use retired.)					own	home	
OMF	17. FATHER'S NAME (First, Middle, Last)		110	Juse	wire	18 MO	INFO'S N	AME (Elect	Middle, Maiden		TIOTIE	
ECC	John R. Bea					10. 110.			. Unkno	,		
00	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	3 ADDRESS (Stree	t and Numbe					Code)	
5	190. INFORMANT'S NAME (Type/Frint) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Willard A. Thompson Sr. P. O. Box 254, Perryville, Md. 21903											
	20e. METHOD OF DISPOSITION 1 State 2 Cremation 3 Removal from State Oxford Cemetery Oxford, Pa.											
	21. SIGNATURÉ DF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVA COMMENTS OF FACILITY Donald B. Thompson Funeral Home										
	While of In	ougen			31	E. Ma	in S	t.,	Middlet	cown.	Md	21769
	23. PART I. Enter the diseases, or	complications that co	euaed the de	ath. Do								Approximate
	ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 1									b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)										_
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 Nursing N							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF IN. (Month, Day,		26b. TH	JURY	NJURY AT WORK? YES 2	□ NO	26d. Di	EŞCRIBE NOW II	NJURY OCC	CURED	
6	3 Suicide 6 Could not be 4 Nomicide determined	25e. PLACE OF II building, etc	JURY — At ho . (Specify)	ome, farm,	street, factory, o	flice		261. LO	CATION (Street of ty or Town, State)	and Number	or Rural	Route Number,
COMPLET	one)	SICIAN: To the best of my										(e) end menner ee stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and placa, an 29b. SIGNATURE AND LITTLE OF CENTERIES.							29d. DAT	Suche	September on the 1			
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Fine Print)							-	/ / /				



ND 21215-0020

FOR

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. I	10.			
Ŋ,	1. PECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	VEAR	3. TIME OF DEAT	тн
- 1	Tamara	T	ESAR		4 9	199	9 I	11:22	a.m	
	4. SOCIAL SECURITY NUMBER 5. SE 217-15-3320 1□	X 8. AGE M 2 ☑ F 1	***	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, Oct 7,		8. BIRTI Count	PLACE (State or Forty)	oreign
E E	9a. FACILITY NAME (If not institution, give street an MARYLAND ROUTE 27#	d number)	91		SCUS	ATH		INTY OF D		
5	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Mont	gomery		thers					10d. INSIDE CITY LIMITS? 1 YES 24	
FUNERAL	6 Garfield Cou	rt		10	20882			eric	WHAT COUNTRY?	
BY FUN	1X Never Married 2 Married F	AS DECEDENT EVER ORCES? 1 YES YES, GIVE WAR OR	2) THO	If yes, s	ENDENT OF HISPAN secify Cuban, Maxican XXNO Specify:	, Puerto Rican, atc.)		14. RACI Blac Spec	E — American Indi k, Whita, atc.	
	15, DECEDENT'S EDUCATION		16a. DECEDENT'S US	UAL OCCUPATI	ON	16b. KIND OF	BUSINESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade completing (0-12) Elementary/Secondary (0-12) Coll	ege (1-4 or 5+)	Give kind of work life. Do NOT use n High Sch				mascu gh Sc		1	
<u> </u>	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NAM	AE (First, Middle, Mail		1100		_
		esar			Linda		Ouas	0		
8	19a. INFORMANT'S NAME (Type/Print)	COUL	195 MAILING AF	ODESS (Street	and Number or Rural R		~			
2	Terry N. Tesar									
	20a, METHOD OF DISPOSITION		0b. PLACE AND DATE O		Court,		LOCATION -			182
H	133 Burial 2 Cremation 3 Removal fr	om State	of cemetary, crematory or Gate of F	other place)	,	4/12	Tanona	Con	cing, N	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		Jake OL F	22. NAME A	NO ADDRESS OF FAC	SILITY	IVer	Spi	ring, N	10.
	Notert L. Williams Olin L. Molesworth, P.A. Damascus, Maryland 20									
TION	IMMEDIATE CAUSE (Final disease or condition rasulting in death) a. MULTIPLE INTURIES DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d									
	PART II. Other significant conditions con	tributing to death	but not resulting in	tha undarlyir	g cause given in	Part I. 24a. WAS	AN AUTOPSY	24	b. WERE AUTOPSY I	
MEDICAL				PER 1					AVAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2	CAUSE
PHYSICIAN: M										100
ᅙ		SPITAL:		THER:	LACE OF DEATH (Che	ick only one)	100			
1XS	1 TYES 2 NO 1 D	Inpetient 2 ER/O				Other (Specify)			ROUTE	
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y	JURY AT ORK?	28d. DEŞCRIBE HO	W INJURY O	CCURED		
B	2 Accident Investigation	4-9-1991		5 ^M 1 🗆	X	DRIVER				
	3 Suicide 6 Could not be 4 Homicide datarmined	building, etc. (S)	RY — At home, farm, streedity) D. ROUTE 27:		ce	28f. LOCATION (Str City or Town, S	eet end Numb tate)	er or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my kno	owiedge, death occurred	at the time, dat					(a) and manner as	stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER ADMILL 30. NAME AND ADDRESS OF PERSON WHO COM	hight	MD DEATH (ITEM 27) (Type, Pr		29c. LICENSE NUM	IBER	29d. DA	TE SIGNE	D (Month, Day, Year) 91)
	DONALD G. WRIGHT	MD DCM	111 N. PE	NN STRI	EET BALTI	MORE, MAR	YLAND	2120) 1	
	31. DATE FILED (Month, Day, Year) APR 1 1 1991	32. REGISTRAR'S SK	Sinde 12							

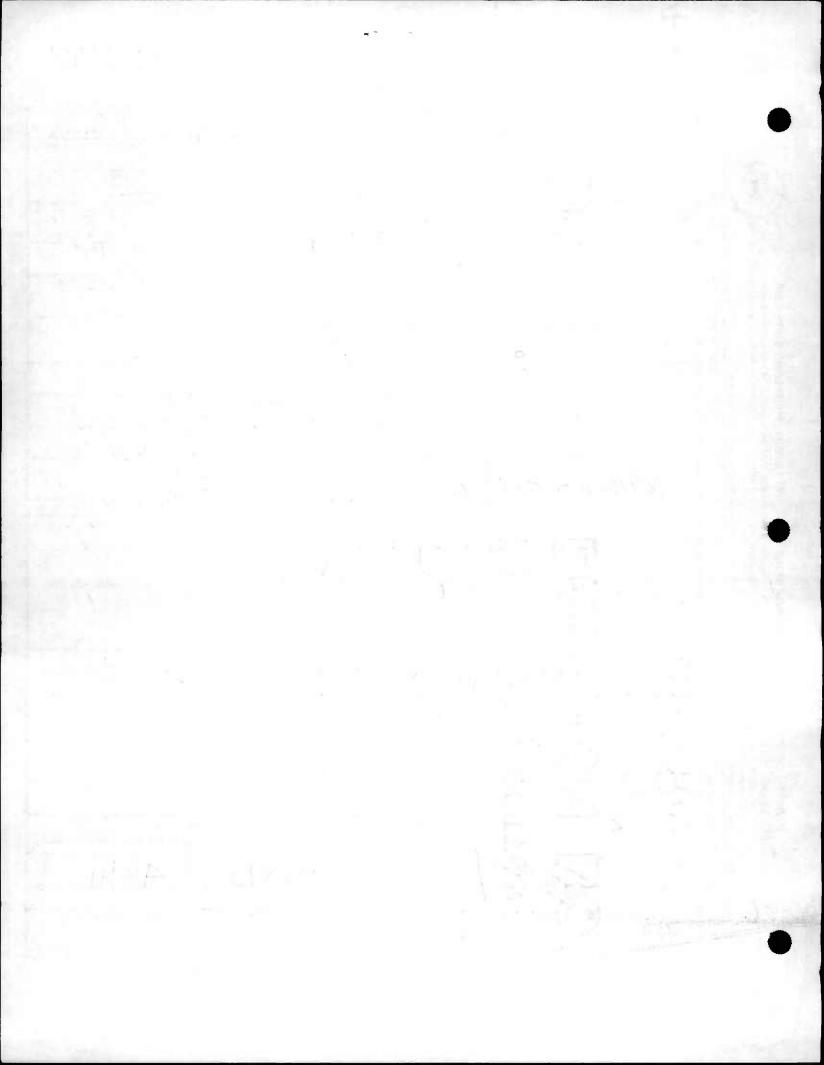


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FLOYD MATTHEW TWYNAN SR. 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECURITY NUMBERS 1. DOUGLA SECU		L HYGIENE REG. NO.	MENTAL) / DEPA CERTII		STATE OF MA		FOR STATE REGISTRAR
235562862 1 IX M 9 F 53		H DAY Y	MONTH					N SR	EW TWYMA		
## SACRED HEART HOSPITAL ## SACHITY NAME (For electronic) per steer of numb	8. BIRTHPLACE (State or Foreign Country)	OF BIRTH 8.			-		. last birthday	6. AGE (In yrs.		MBER	SOCIAL SECURITY NUMBE
SACRED HEART HOSPITAL Cumberland, MD ALLEGANY INCOMING	27	12014027	5/	PEG MHTV.	DATS	MONTHS	YRS.	53			
STATE TOP CONTY TOP CONT									SPITAL	EART HOS	SACRED HEA
WV Mineral Piedmont 1578 We. STREET AND NUMBER 157. WE. STREET AND NUMBER 1			2410		1100-250		1.0.0			7	
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MANTHAL STRUE											
Norte Married			ANIC OBIGIN			13	ARMED	EVER IN II S		airvie	
Secondary (0-12) Secondary (Black, White, atc. Specify:	Ricen, etc.)	cen, Puerto F	Cuben, Mexic	t yes, spec		NO	YES 2	FORCES? 1.		Never Married 2 3
Machine Coating Is. Mother's AME (Pint, Model, Lard) Is. MOTHER'S NAME (Pint, Model, Marken Summer) Beniamin Twyman Sr Ben		. KIND OF BUSINESS/INDUS	16b.	vorking		work done	Give kind o	16a,	ATION completed)	only highest grade i	(Specify only i
BETIAL (GAOLIET TUVMAN BOLLOCATION (Fire Town Shin Shin Ze Code) BOLLOCATION (Fire Shin Shin Ze Code) BOLLOCATION (Fire Shin Shin Shin Ze Code) BOLLOCATION (Fire Shin Shin Shin Ze Code) BOLLOCATION (Fire Shin Shin Shin Ze Code) BOLLOCATION (Fire Shin Shin Shin Shin Shin Shin Shin Shin	200	Mestyaco		ba	Coat	ne	Mach			(0-12)	
190. MARLING ADDRESS (Street and Number or Rural Routin Number, City or Town, State, Zip Cooks) DOTOTHY TWYMEN 180. METHOD OF DISPOSITION Buffel 2 Cremation 3 Removal from State			IAME (First, N			110	-14011.			Middle, Last)	
198. MALLING ADDRESS (Sireet and Number or Rural Route Number, City or Town, Stelle, Zip Cooke) DOTOTHY TWINDIAN 198. MALLING ADDRESS (Sireet and Number or Rural Route Number, City or Town, Stelle, Zip Cooke) 200. PLACE AND GATE OF DISPOSITION (Number) 200. PLACE AND GATE OF DISPOSITION (Number) 21. Committed 3 Removal from Stelle POTOMIC Memorial Gardens Reviser, WV 22. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home 23. NAME (Type Televiser) 24. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home 25. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home 26. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home 27. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home 28. DUE TO (OR AS A CONSCIUENCE OF): 28. DUE TO (OR AS A CONSCIUENCE OF): 29. DUE TO (OR AS A CONSCIUENCE OF): 29. DUE TO (OR AS A CONSCIUENCE OF): 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. PARTIE Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 246. WAS AN AUTOPSY PERFORMED? 10. YES 2 MO 11. YES 2 MO 26. DUE TO (OR AS A CONSCIUENCE OF): 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 28. DUE TO (OR AS A CONSCIUENCE OF): 28. DUE TO (OR AS A CONSCIUENCE OF): 29. PLACE OF INJURY AT WORKSY	TIVM A NI	CANTER MUSY	12 (0	Borth				r	vman Sr	amin Tu	Benjam
DOUBTO OF DISPOSITION 200. PLACE AND GATE OF DISPOSITION Name 200. LOCATION City or Town, Simily Doubter 200. Command 200. Decreasion 200. Dec					(Street and	ADDRES	19b. MAILIN		Judit Of		
DATE OF DISPOSITION 200. PLACE AND GATE OF DISPOSITION 1/2 PERFORMED! 20. LOCATION City or Town, Simily Donation 5 Chemiston 5	nt WV 26750	Piedmont	st p	i ou c	air	E	42		n	Twvma	Dorothy
SIGNATURE OF SCHOOL SOME REFERRED TO MEDICAL SOLUTION			_		OSITION (E OF OIS				SETION	. METHOD OF DISPOSITIO
SIGNATURE OF FUNERAL SERVICE LICENSEE PART I. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, anock, or heart felture. List only one ceuse on each line. PART I. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, and shock, or heart felture. List only one ceuse on each line. MEDIATE CAUSE (Fine)	yser, WV	Keyser	dens	l Gar					val from State		
PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, all another, or heart fellure. List only one ceuse on each line. MEDIATE CAUSE (Fine) seases or condition suiting in death) Sequentially list conditions, open and the measurement of the measureme								1	ENSEE 11	RAL SERVICE LIC	SIGNATURE OF FUNERAL
AND CASE REFERENCE TO MEDICAL EXAMINEER? Ves 2 No Non-Right Series Non-Right Serie								-61	toulle	am H	> Willia
enty, leeding to immediate nurse. Enter UNDERLYING AUSE (Disease or Injury nat initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Onset and De			246	HE !	FT	nA C	-mon	(ARC	\rightarrow	sease or condition
AMAILAB COMPLE COMPLE OF GEAT OF GEAT WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 VES 2 NO MANNER OF DEATH Month, Dey, Vear) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) The examination of the examination of the examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER										nediate LYING njury	eny, leeding to immediuse. Enter UNDERLYIN AUSE (Disease or injur at initieted events
WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MED? AMAILABLE PRIOR TO	PERFORMED?	in Pert i.	7/	_	In the u				- 1)
EXAMINER? YES 2	1 TYES 2 NO			-	JUA	nsc	350	5000	per C	DISCO	Selzure T
EXAMINER? VES 2 NO							The	MPO	CAMBIO	NTS.	newsen
1 YES 2 NO		ne)	Check only on	OF DEATH (C		ОТНЕ	7	0	HOSPITAL:	TO MEDICAL	
Netural 5		er (Specify)	e 8 🗆 Othe	Residence			nt 3 🗆 DOA		1 Nopationt 2 🗆	4 - 1	
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJUSY — At home, farm, street, fectory, office 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State) 28e. LICATION (Street and Number or Rural Route Num City or Town, State)	JURY OCCURED	SCRIBE HOW INJURY OCCU	28d. DES		WOR						1 Netural 5 🗆 P
(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end me 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month,	d Number or Rural Route Number,	281. LOCATION (Street and Number or Rural Route Num City or Town, State)					At home, farm	F INJURY — A etc. (Specify)	28e. PLACE OF building, e		3 Suicide 8 C
b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIÈNEO (Month,									_		(Check only
D31575 1-4691	due to the cause(e) end menner as state	e end place, end due to the	he time, date	occured at th	opinion, de	ion, in my	d/or investigs	camination and	R: On the basic of ex	EDICAL EXAMINE	2 MEDIC
NAME AND ADDRESS OF REDOCK WHO COME OF DESCRIPTION	29d. DATE SIGNEO (Month, Day, Year)	29d. DATE S	UMBER	LICENSE NU			DEST	1	الودج	TLE OF CENTIFIES	b. SIGNATURE AND TITLE
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	11 11					e, Print)	(ITEM 27) (Ty	OF DEATH	COMPLETED CAUS	OF PERSON WH	NAME AND ADDRESS OF
ROBERT WELLK, M.D. 902 SETON DRIVE CUMBERLAND, MD. 21502		21502	MD 2	ND	MRFPI			1			

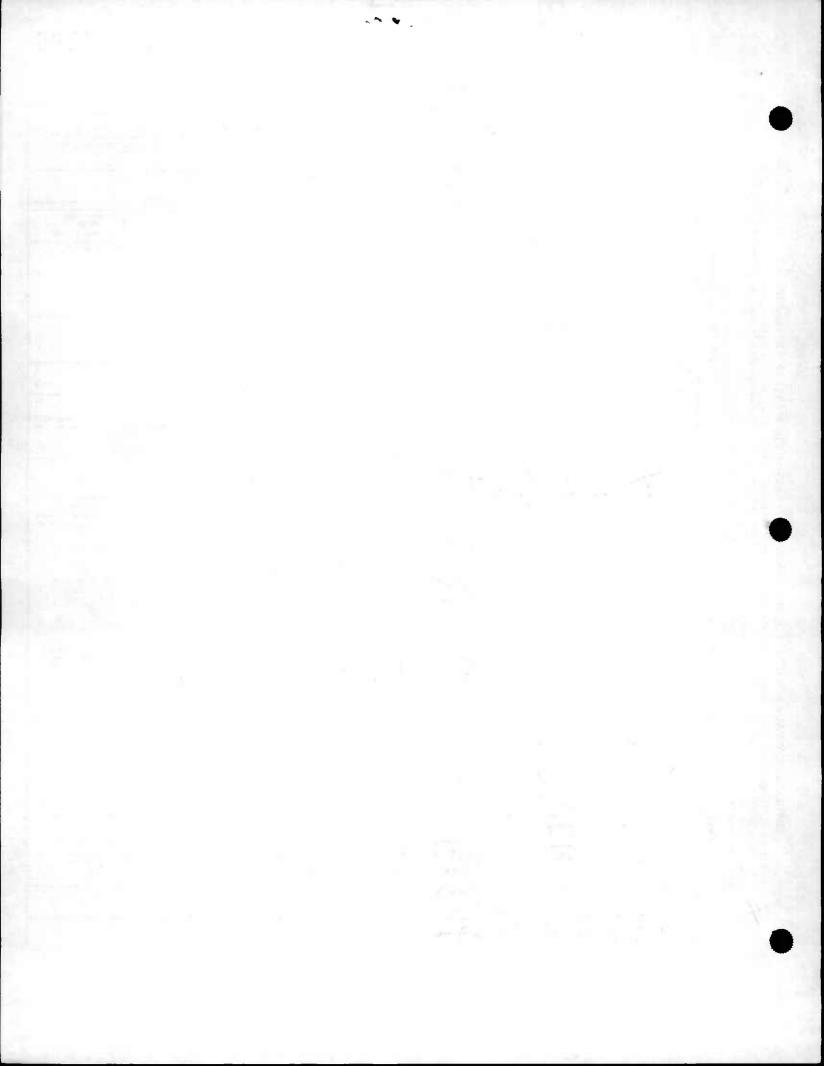


BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Plages to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR
Γ	1. D	ECEDENT'S	NAM

	1 - STATE REGISTRAR		CERT	IFICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) RUSSELL	DONAL	7	THOMPSON		2. DATE OF DEATH MONTH: 1	AV YEAR L. 1991			
	4. SOCIAL SECURITY NUMBER 220-10-0519		6. AGE (In yrs. last birthd	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) JAN 2 191	8. BIR Cou	THPLACE (State or Foreign intry)		
S S	90. FACILITY NAME (If not institution, give so MEMORIAL HOSPITA			96. CITY, TOWN CUMBER	OR LOCATION OF DE		9c. COUNTY OF	DEATH		
JREC	10a. STATE 10b. COUNTY MARYLAND ALLI	EGANY	1	CITY, TOWN OR LOCA MBERLAND	ITION			10d. INSIDE CITY LIMITS? 1 YES 2 7 NO		
COMPLETED BY FUNERAL DIRECTOR	100. STREET AND NUMBER RFD# 3 BOX# 246	BEDFORD			21502			WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.) fy:	Ble	A. CE — American Indian, ack, White, etc. ecity: WHITE		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) $10\frac{1}{2}$	CATION completed) College (1-4 or 5 +)	16a. DECEDEN (Give kind life. Do NO	IT'S USUAL OCCUPAT of work done during m of use retired.)	ost of working		SINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)		ALLEGA	NY CO. BO	18. MOTHER'S NA	AME (First, Middle, Maiden		(
TO BE	BERGEN FAYE THOM 190. INFORMANT'S NAME (Type/Print)					L. PERDEN Route Number, City or Tow	vn, State, Zip Code)			
-	FLORENCE THOMPSOI 20a. METHOD OF DISPOSITION 1 S Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND I	A BEDFOR DATE OF DISPOSITION BOOK OF OTHER PLACE) DORIAL PAR	N (Name		CATION — City or	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE U	ENSEE	# ZION MEN	SILCO	ND ADDRESS OF FA		HOME			
FICATION	shock, or heert fellure. List only one cause on sech line. Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Accident Due to (or as a consequence of) Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL CERTIFICATION	PART II. Other significent condition	d	death but not result	ing in the underlying	ng cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpetient 3 🗆 DC	OTHER:	PLACE OF OEATH (C	6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY 28b.	TIME OF 28c. IN	JURY AT PORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	284. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 285. LOCATION (Street and Number or Run building, etc. (Specify)								
COMPLETED	anal Diny					a to the cause(s) and me e time, data and place, a		e(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(in the filter of the cause(in the filter of the cause(in the filter of the cause(in the filter of the filter of the filter of the cause(in the filter of the								
2	30. NAME AND ADDRESS OF PERSON WE Dr. N. Ranjit		Oldtown Ro		nerland	MD 21502	/	-		
	APR 1 2 1991	32. REGISTRA	R'S SIGNATURE	yaa oulii	or rain,	21002	•			





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR	
1	_	STATE	
•		REGISTRAR	

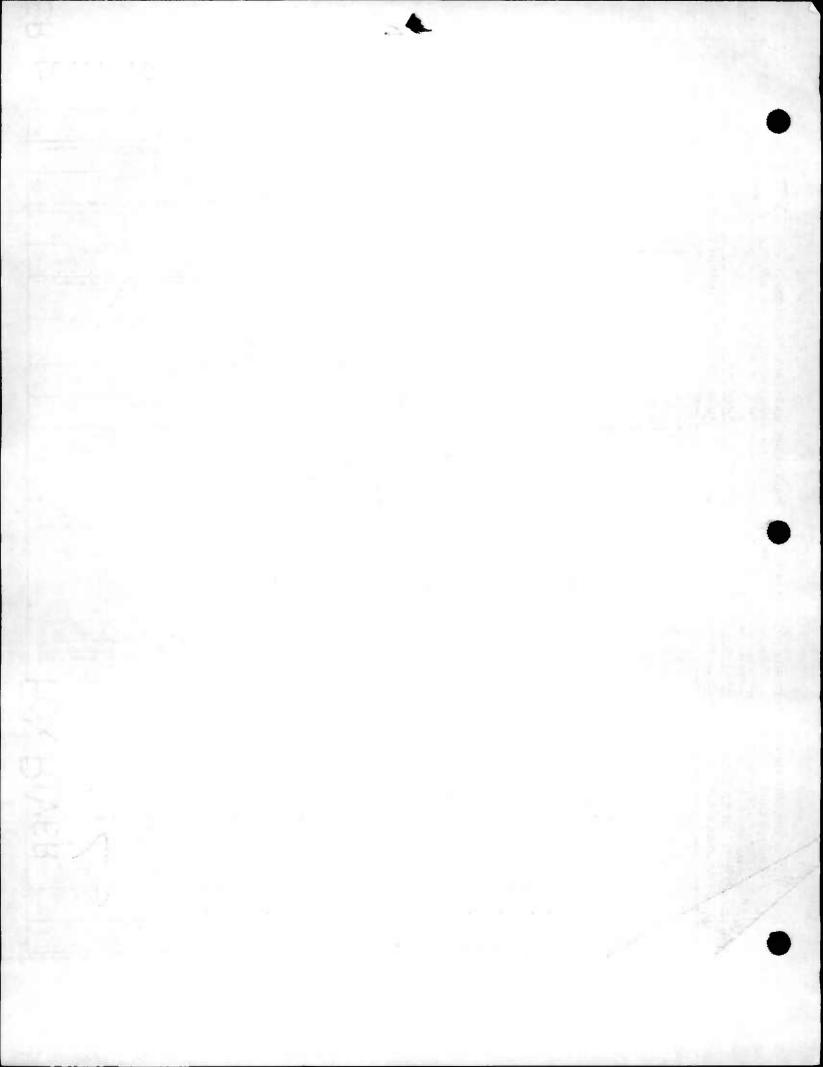
	1 - STATE REGISTRAR	OINIL OI I	ÇE		ICATE OF	DEATH	RICKING II	EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D		VEAD	3. TIME OF DEAT	ТН
	Richard	E .	U	phof	f, Jr.		04	14	1991	10:29	Ам
TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX M 2 F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B		a. BIRTI	HPLACE (State or Fo	oreign
	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c								c. COUNTY OF DEATH		
	10e. STATE 10b. COUNTY MD Carroll		10c. CITY, TOWN OR LOCA					10d. INSID			
	10s. STREET AND NUMBER			Westminster 101. ZIP CODE						1 VES 2 NO	
	5121 Old Hanover Road 11, MARITAL STATUS 12. WAS DECEDENT EVER IN			U.S. ARMED 13. WAS DECENDENT OF HI			ANIC ORIGIN? (Specify Yes or No			S . 14. RACE — American Indian,	
	1 Never Merried 2 Merried FORCES? 1 YE IF YES, GIVE WAR OR			ES 2 NO If yes, specify Cuben, M			Icen, Puerto Rican, etc.)			Black, White, etc. Specify: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5+)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Student				n/a			
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme)										
	Richard Earl Uphoff, Sr. 190. INFORMANT'S NAME (Type/Print) 190.				Phyllis Lynch MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	Richard Earl Uphoff, Sr. 5121 Old Hanover Rd., Westminster, Md							, Md.			
	20b. PLACE Al 1 Durlet 2 Cremation 3 Removal from State 2 Donetton 5 Other (Specify)				e of disposition of other place)	4/18	18 Silver Run, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel										
	Robert K. 23. PART I. Enter the diseases, or									Approxim	
	ahock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) a. CUIS HOT WOUND DIZ HODD DUE TO (OR AS A CONSEQUENCE OF):										
Y PHYSICIAN: MEDICAL CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	DART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRIDINGS										
								PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
										16 169 2	NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:										
	1 XYES 2 NO	1 Xinpatient 2	☐ ER/Outpetient 3		4 - Nursing Ho	me 6 - Residence					
	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation 3 Suicide 6 Could not be determined determined			28b. TIME OF INJURY AT WORK? 1:55A M 1 YES 2 NO Ome, farm, street, factory, office			Subject shot				
ED BY							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E	At residence 3039 Menges Mill Road										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner se stated.										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c.		LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE			0.C.			M.E. 04		04 1	15 1991	
	Manyarus A. 160 Role 111 Penn Street Baltimore Maryland 21201										
	APR 16 9	gunt 100	tecon-Nemeu								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE STATE OF F	CERTII	FICATE OF	DEATH	MENIAL HYGIENE REG. NO.	'					
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF OEATH				
		R ger			04 14	1991	12 Am M				
	4. SOCIAL SECURITY NUMBER 5. SEX 212-50-2267 1 □ M 2 🛣 F	6. AGE (In yrs. last birthday Q1 YRS.	MONTHS DAYS	HOURS MIN.	- 7. DATE OF BIRTH (Month, Day, Year) 4/26/1899	8. BIRTH	HPLACE (State or Foreign				
	212-50-2267 1 M 2 T F 9e. FACILITY NAME (If not institution, give atreet and number)	91 YRS.	OF CITY TOWN	OR LOCATION OF		9c COUNTY OF D	th Carolina				
DIRECTOR	CitiZEN NURSing Hor	ne	HAVE		Grace	HARF					
5	10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOC				10d. INSIDE CITY				
	Maryland Harford		Churc	hville			1 TES 2 NO				
FUNERAL	100. STREET AND NUMBER 408 Glenville Road		1	21085		10g. CITIZEN OF W					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	TEVER IN U.S. ARMED YES 2 NO WAR OR OATES	If yes, s		ANIC ORIGIN? (Specify Year of cen, Puerto Rican, atc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: White					
	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT	S USUAL OCCUPAT	ION	18b. KIND OF BUSI		.11.00				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	+) Iffe. Do NOT		lost of working	In home	Too In some					
₹	12 0	ПОІ	nemaker		710						
	17. FATNER'S NAME (First, Middle, Lest) Freeland M. Francis Dora Osborne										
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADORESS (Street		al Route Number, City or Town,	, State, Zip Code)					
2	Mary E. Corddry	408	Glenvil	le Road,	Churchville	e, MD 2	1028				
	20e_METHOD OF DISPOSITION 1	20b. PLACE AND OA	TE OF OISPOSITIO	N (Name	DATE 20c. LOC	CATION — City or To	own, State				
- 3	4 Donetion 5 Other (Specify)	_ Mt. Zion			ery4/17 Bel	Air, Ma	ryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	esbee	Tarr	ing-Carg deen Mar	o Funeral Ho yland 21001	ome, P.A 1-3399	۸.				
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one car	at caused the deeth. Do	not enter the m	ode of dying, s	uch sa cardiac or respir	etory srrest,	Approximate				
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	ASO	OP.				Interval Between Onset and Death				
Z	Sequentially list conditions b. TRACOMPS OF SEASO										
CATIC	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	that initiated events resulting in death) LAST	Les Contravente	OFX.	d Dear	Down H	nombo	xlo.				
2	PART II. Other significant conditions contributing to	deeth but not resultin	a in the underly	na cause alven	in Part I. 24s. WAS AN A	ALITOPSY 24	b. WERE AUTOPSY FINDINGS				
DICAL			g iii tio unuonyi	ing outdoor given	PERFORI 1 TYES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME					— 1		1 NES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH	'Check only one)						
SIC	EXAMINER? HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient 3 ☐ DOA	OTHER:	me 5 Residenc	e 8 Other (Specify)						
PHYSICIAN:	1 Natural 5 Pending		IME OF 28c. I	NJURY AT YORK?	28d. DESCRIBE HOW IN	JURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	etigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Twen Shate)									
ET											
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of						(e) end manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CENTURE	M.D.		29c. LICENSE I	IUMBPR /	294. DATE SPENSE	Garner, Old Year)				
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAI	JSE OF DEATH (ITEM 27) (A	rpe, Print)	110	(10)	1/1	191				
				e de Gra	ice, MD 2107	8	//				
	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE									
	APR 17'91 Julia	Davidson-Randa	200								

OHMH-18 Rev 1/89



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permit. Pages 1, 2, 3 should

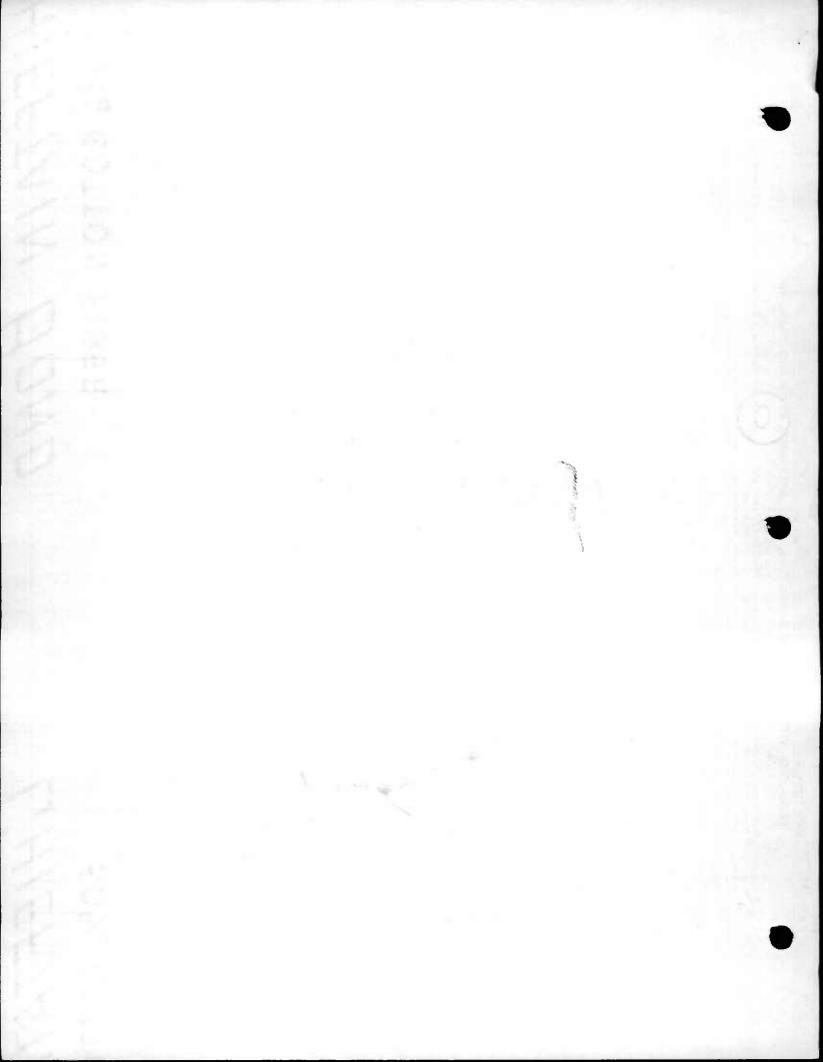
	1 - FOR STATE OF MARYLAND C		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Louise E.S. Venezian.	i		2. DATE OF DEATH DATE OF 12	1991	3. TIME OF DEATH A 9:15 M
Ì	4. SOCIAL SECURITY NUMBER 5.77-60-1297 1 M 2 F 8. AGE (In yrs. In Manager Manager) 9. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS	7. DATE OF BIRTH (Month, Day, Year) 07/22/19	Cour	sh. DC	
TOR	Villa Rosa Nursing Home	9.00	y, town or Location of Di tchellvill		P. Geo	
DIRECTOR	MD 10b. COUNTY MOntgomery	10c. CITY, TOWN	Silver Spr	ing	10d. INSIDE CITY LIMITS? YES 2 NO	
VERAL	3509 S. Leisure World I	Leisure World Blvd. 101. ZIP CODE 20906				WHAT COUNTRY? USA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?		WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 XNO Specif	n, Puerto Ricen, etc.)	CE — American Indian, ck, White, atc. polly: White	
BE COMPLETED	(Specify only highest grade completed) Flamentary/Secondary (0.12) College (1.4 or 5.4)	DECEDENT'S USUAL (Give kind of work done lie. Do NOT use retired. Book Bind	during most of working)	US GOV1		ing Office
SE CON	17. FATHER'S NAME (First, Middle, Last) Rocco Scagnelli		Aug	ME (First, Middle, Melden s ustina Gar	i11i	
10	Joseph R. Veneziani	15100 Int	erlachen Dr.	, Silver S	pring, M	
	1 ⊠ Buriel 2 ☐ Cremetion 3 ☐ Removat from State 4 ☐ Donation 5 ☐ Other (Specify)		Cemetery	4-15-91 Wa	ashingto	n, DC
	21. SIGNATURE OF THERE SERVICE LICENSEE	22	name and address of F Hines/ Ri 11800 N.H.			e ng, Md. 20904
NC	23. PART I. Enter the disesses, pr complications that caused the shock/or heart failure. Liet only one cause on each limited in the complete of the disesse or condition resulting in death) DUE TO OR AS A CONS	SEQUENCE OF	er the mode of dying, suc	en se cerdiec pr reepi	retory srrest,	Approximate Interval Between Onset and Daeth
CERTIFICATION	If any, leading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST	rend	wis.			
	PART II. Other significent conditions contributing to death but no	t resulting in the	underlying ceuse givan in	PERFOR	IMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL				1	XXVO	OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	3 □ DOA 4 □ N	26. PLACE OF DEATH (C			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d, DEŞCRIBE HOW I	NJURY OCCURED	
	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	home, farm, street, fi	actory, office	261. LOCATION (Street of City or Town, State)	and Number or Rura	il Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of examination end/					e(a) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	und	29c. LICENSE NU	MBER 5	29d. DATE SIGN	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I CILO D. MONTO MCZ, UD. 31. DATE FILED (MONTO, Day, Year) 32. REGISTRAR D SIGNATURE	33087	oodge Pla	Rd-Lo	udov	PK, MD.
	4. 1 APR 4 5 '91 Julia Da	viden Prod	M. M.	Ŷ		DHMH-18 Rev 1/89

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AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions.	death	to be to make the second section of the second section of the second second second second sections.
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31. DATE FILED (Month, Dey, Year)
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32 REGISTRAP'S SIGNATURE Auto Day donde 82

	FOR	STATE OF N	IARYLAND / [TEPAF	TMENT OF H	FAITH AND	MENTAL	HVCIENI	E .			
	1 - STATE REGISTRAR	OMIL OF I			ICATE OF		WEN IVE	REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH	
	Doris T Webs	ster					MONTH	4	10	91	11:39 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. lest t	olrthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH	-10		IPLACE (State or Foreign	
	220-26-6880	1 DM 2 DF		YRS.	MONTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Country	ν)	
	9a. FACILITY NAME (If not institution, give		58		at OFF TOWN	R LOCATION OF D		-6-32			ryland	
œ			**	-			EAIH			NTY OF D		
DIRECTOR	Montgomery,	General	, Hospit	al	011	ney,MD			M	ont	gomery	
B	10a. STATE 10b. COUNT				Y, TOWH OR LOCAT	ION					10d. INSIDE CITY	
변 등	Maryland M	Montgome	2017		7 C						LIMITS?	
	10e. STREET AND NUMBER	Torregonie	TÀ	, i	Sandy S	Dring ZIP CODE			40 - CITI	TEN OF H	VHAT COUNTRY?	
FUNERAL	18301 Brooke H	Soad			100		860		iog. Citi			
빌									<u> </u>	USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARMI			ENDENT OF HISPA ecify Cuban, Mexic			or No-	14. RACE Black	— American Indian, c, Whita, atc.	
B	3- Widowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES		1 🗌 YES	2 NO Speci	ffy:			Speci	w:Black	
	15. DECEDENT'S EDL	ICATION	40. 000									
	(Specify only highest grade	o completed)	(Give	kind of	USUAL OCCUPATION Work done during mose retired.)	st of working	160.	KIND OF BUS	IINESS/INC	DUSTRY		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 a)		dian		7/16		0-		1 1	
COMPLETED				13 6	dian					SC	hools	
8	17. FATHER'S NAME (First, Middle, Last) James W. Patte	rcon				18. MOTHER'S N						
BE		ISOII				Lucy H		Visa .				
0	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street a							
-	Larry R. Dorsey (son) 14836 Budhy Park Rd., Woodbine, MD 21797											
	20a. METHOD OF OISPOSITION 1) Surial 2 Cremation 3 Ren	novel from State	20h PLACE OF	FDIERO	SITION (Name of our	natani ammatani as		200 100	CATION	Oh T.		
	Mutual Memorial Cemetery Sandy Spring, MD											
	21. SIGNATURE OF FUNERAL SERVICE LI	7	2		22. NAME AP	ID ADDRESS OF F	ACILITY					
	> (Sindy k	LUAR	wken	,	SNOW	DEN FUN	VERAL	HOMI	E, P	.A.		
	20 2017 5-1-11 /11	<i>a</i>			ROCK	VILLE,	MD Z	0850				
	23. PART i. Enter the diseases, or shock, or leart failure.	List only one ceu	t caused tha deal se on each line.	th. Do	not enter tha mo	de of dying, su	ch as card	iec or respi	ratory an	reat,	Approximata interval Between	
	IMMEDIATE CAUSE (Final	Ade	nocarci	non	a of M	ind					Onset and Death	
	disease or condition resulting in death)	a. ade	nocarci	cul	wa of	lung					E MO.	
		DUE TO	(OR AS A CONSEOL	JENCE C	F):	1						
Z	Sequentially list conditions,	b										
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEQU	JENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
E	that initiated events	DUE TO	(OR AS A CONSEQU	JENCE O	F):							
	resulting in death) LAST	d										
2	PART II. Other significant condition	na nantification to		- 444								
¥	C	PA.	or cere	Jan	O Constant	g cause given to	Part I.	PERFOR		346	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
MEDICAL	July dust.		-		0	acu www	_	1 🗀 YES 2	□ NO		OF DEATH?	
뿔	henre hage +	sugical	correctiv	- 2	here +	plure	.0				1 - YES 2 - NO	
	metastains.	J laury	cance	-								
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0				ACE OF DEATH (C	heck only on	ej				
PHYSICIAN:	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3 [DOA	OTHER:	e S 🗆 Rusidence	6 D Other	(Specify)				
£	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	266. TB	E OF 28c. INJ	URY AT	284L DES	CRIBE HOW I	NJURY OC	CURED		
ВУ Р	1 Matural 5 Pending	Imond, o	7	iN	44	YES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY At hom	e, farm,	street, factory, offic	•	281. LOC	KTION (Street a	and Number	or Rural I	Noute Number:	
8	4 Homicide determined	building,	etc. (Specify)	ALC: UNIT			City	or Yown, States	- Compa	est complete	Serio VI Oliveria.	
9	29a, CERTIFIER	and a factor of				VA VICE ZIONE			_	_		
MP	(Check only CERTIFYING PRYS	SICIAN: To the best of										
COMPLET	Z MEDICAL EXAMIN	EH: On the basis of a	xamination and/or in	vestigati	on, in my opinion, d	leath occured at th	e time, deta	and place, an	d due to ti	le cause(s	n) and manner as stated.	
BE	206, SIGNATURE AND TITLE OF CERTIFIE	- 0 -	, 0			29c. LICENSE NU					(Month, Day, Year)	
	Trulil !	Oullo	- me			0138	32		•	IDA	n 91	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF OEATH (ITEM	27) (Type	e, Print)		-			-		



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use as the burial-transit notifi 9 must t examiner medical 6 cremation, the

TO THE FUNERAL OF THE FUNERAL D be filed within 72 ho

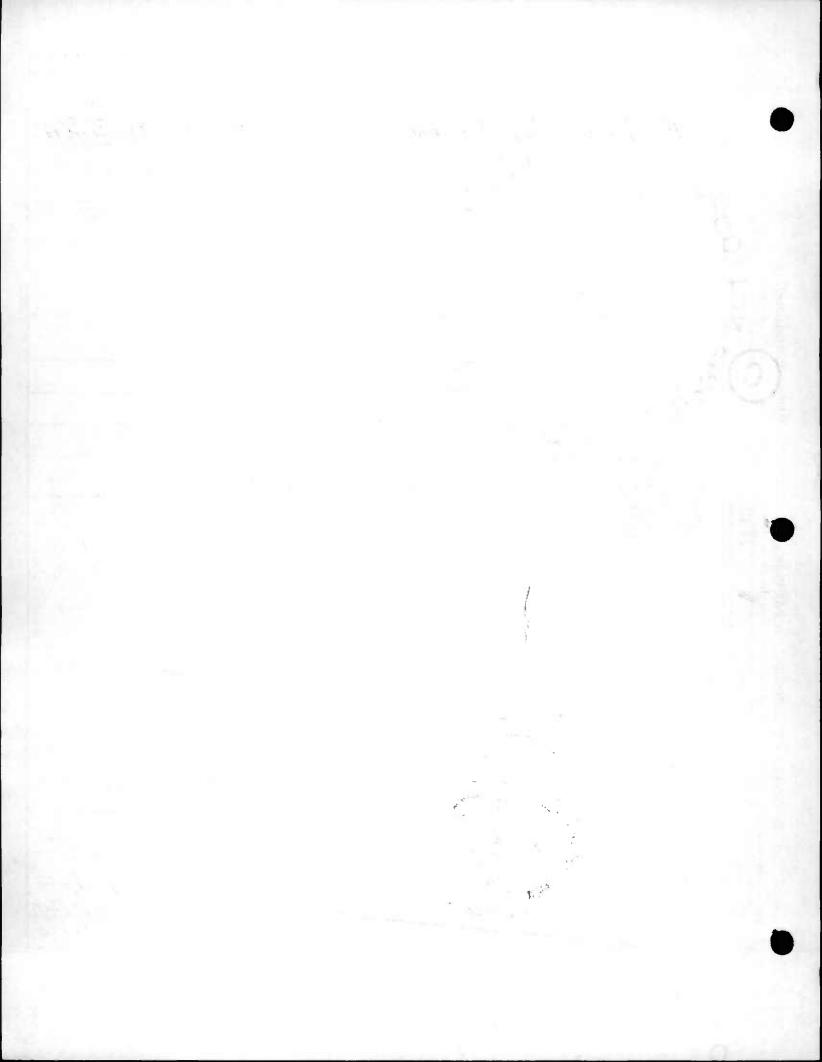
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BE 2 29a, CERTIFIER

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91 11490 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH 3. TIME OF DEATH 3:504 esman 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or For Country) IF UNDER 1 YEAR IF UNDER 24 HRS. ountry) DAYS 1 M 2 F 66 YRS. 1 - 28 - 25New York 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY LIMITS? Maryland Prince Georges 1 TES 2 NO Laurel FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. 7IP CODE 9250-6 Cherry Lane 20708 United States 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14, RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 KMO Specify: 1 Never Merried 2 Married 2 NO Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 12 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Spindler Celia (u/k)BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lee Shapiro 9202 Byron Terr, . Burke, VA 22015 20e. METHOD OF OISPOSITION
1% Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF OISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION - City or Town, State Parklawn Cemetery Adelphi, Marvland 21. SIGNAPURE OF UNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. na 1170 Rockville Pike. Rockville 20852 23. PART I. Enter the diseases, or complications that caused the deeth. Do not antar the mode of dying, auch ea cardiec or respiratory arrest, abock, or heart fellure. List only one cause on each line. Approximeta Interval Between Onset and Deeth IMMEDIATE CAUSE (Final disease or condition resulting in death) Dualory DUE TO (9 CERTIFICATION Sequentially list conditions, CONSEQUENCE OF if any, leading to immediate cause. Entar UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY **WERE AUTOPSY FINOINGS** MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpatiant 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 PNO ig Home 5 🗆 Rasidence 6 🗆 Other (Specify) 4 🗌 Nu 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Ybar) 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Metural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 fiulcide COMPLETED 6 Could not be 4 🗌 Homicide

CERTIFYING PHYBICIAN of the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Mor LICENSE_NUMBER CAUSE OF DEATH (ITEM 27) (Type, Print) Julia Davidson Randoll 20170



the hos	detach	once,
6	2	H
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 minutes profile by the hospital control of the control of the profile	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, also is mount to detect the first within 79 hours after death with the State Deet of Health and Mental Hoviere ning to build committee.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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WITH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 22 hours after death with the State Dect of Health and Mental Hydiene prior to burial, cremation, or removal.	Veni
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ficat	Phys of	10
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4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2/XF 87 YRS. 87 YRS. 98. AGE (in yrs. last birthday) 99. AND HOURS MIN. 1 M 2/XF 87 YRS. 99. CACHTY NAME (if not institution, give street and number) Frederick Memorial Hospital Frederick Memorial Hospital Frederick Memorial Hospital Frederick Memorial Hospital 100. CITY, TOWN OR LOCATION OF DEATH 100. STATE 100. STATE 100. COUNTY Maryland Frederick 100. STREET AND NUMBER North Avenue (Meridian Nursing Home) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2/AND 14. MONTHS DAYS HOURS MIN. 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. NOT use retired. 16. MOTHER'S NAME (First, Middle, Last) George Crouse 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 200, METALS	nployee								
216-22-8258 1 M 2/X 87 VRS. MONTHS DAYS HOURS MRN. (Magnin, Days Shed) 1-8-1904 9a. FACILITY NAME (If not Institution, give street and number) Frederick Memorial Hospital Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Frederick Frederick Frederick Towns or Location Frederick Frederick Frederick 10b. CITY, TOWN OR LOCATION Frederick 10b. CITY, TOWN OR LOCATION Frederick 10b. CITY, TOWN OR LOCATION Frederick 10b. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER NOrth Avenue (Meridian Nursing Home) 21701 10c. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER 10b. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER 10b. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER 10b. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER 10b. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER 10b. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER 10b. CITY, TOWN OR LOCATION 10b. CI	Country Maryland								
Frederick Memorial Hospital Frederick Fred	Trederick 10d. INSIDE CITY LIMITS? 1/2 YES 2 NO TIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White								
1 YES 2 X NO Specify: 16a. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16a. NUTSES Aid 16b. KIND OF BUSINESS/IF (Give kind of work done during most of working life. Do NOT use retired.) 16a. MOTHER'S NAME (First, Middle, Last) 16a. MOTHER'S NAME (First, Middle, Maiden Surname) 16a. MOTHER'S	LIMITS? 1)X YES 2 NO TIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White NDUSTRY 1ployee								
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Page Informant's Name (Type/Print) 196. Informant's Name (Type/Print) 197. Gene W. Whipp 198. Mailing address (Street and Number or Rural Route Number, City or Town, State, 2 8912 Old Hagerstown Road Middleto 208. METHOD OF DISPOSITION 1 M Burlat 2 Cremation 3 Rampyal from State 209. PLACE AND DATE OF DISPOSITION (Name	nployee								
Page Informant's Name (Type/Print) 196. Informant's Name (Type/Print) 197. Gene W. Whipp 198. Mailing address (Street and Number or Rural Route Number, City or Town, State, 2 8912 Old Hagerstown Road Middleto 208. METHOD OF DISPOSITION 1 M Burlat 2 Cremation 3 Rampyal from State 209. PLACE AND DATE OF DISPOSITION (Name	fer								
P Mr. Gene W. Whipp 8912 Old Hagerstown Road Middleto 20a. METHOD OF DISPOSITION 1 M Burlet 2 Committee 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE)									
1 M Buriet 2 Cremetion 3 Removal from State	wn, Md. 21769								
1 M Burlet 2 Cremation 3 Removel from State									
ROBERT E. DATLEY & SON FUNE 1201 N. M arket St. Frederi 22 PART I. Enjar the diseases, or complications that caysed the deeth. Do not enter the mode of dying, such ea cerdiac or respiratory of	ck. Md. 21701								
immediate cause or condition resulting in death) a. Doe to (or as a consequence or):	Approximata Interval Between Onset and Death								
Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPS' PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
ALTERIOSCUERATIC CALDIO - JASCALA DISCASE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAO 1 Inpetient 2 ER/Outpatient 3 DOA 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 WAO 27. MANNER OF DEATH 28. DATE OF INJURY OF INJURY AT WORK?									
27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF NJURY AT WORK? 28d. DESCRIBE HOW INJURY OF NJURY	CCURED								
2 Accident investigation 28 PLACE OF MUIDY At home fam street facility office.	er or Rural Route Number,								
2 Accident investigation M 1 YES 2 NO	tated.								
Could not be detarmined Could not be det	tated.								

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בוניוסו כו יוואר הרסטוסט, ו יטי בסא וטואין	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.3 wours after death. Page Prince	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral differences and within 25 hours after death with the State Dent of Health and Mental Horiene order to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner medical
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM				HYGIENE REG. NO.				
0.05000		1Atshall W	rshall	WHIT	E	2. DATE OF MONTH April	, DAY YE	3. TIME OF DEATH			
		live street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
стон	RESIDENCE OF DECEDENT	MANOH		Kr de	eisterst	STOW	n BA	Himore			
DIRECTOR	106. STATE 10b. COUNTY	Carroll	10c. CITY, 10	Westmi		10d. INSIDE CITY LIMITS? 1 TYES 2 NO					
	100. STREET AND NUMBER 1015A Oak Dr	77.770		101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 FIF YES, GIVE WAR OR DATES	ABMED NO	13. WAS DECENDENT OF MISPANIC ORIGIN? (Specify Yee or N If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 Secify:				14. RACE — American Indian, Black, White, etc.			
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCAL (Specify only highest grade co	mpleted)	DECEDENT'S USU (Give kind of work of life. Do NOT use reb	AL OCCUPATIO	N.		ND OF BUSINESS/INDUST	AUC.			
COMPLETED	H.S. Bus	College (1-4 or 5+)		Farmer			Farming				
BE CO	17. FATHER'S NAME (First, Middle, Last)	illiam Lingar		hite	MANU	120		ownen Soway			
5	190. INFORMANT'S NAME (Typo/Print) Barbara W. Beleca						Cirl or Town, State, Zip Co., Md. 21784				
	20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	ni from State 20b. PLA	CE OF DISPOSITIO	N (Nome of cent	netery, crematory or		20c LOCATION — City Beallsvi				
	21. SIGNATURE OF FUNERAL SERVICE LICENTA			22. NAME AN	D ADDRESS OF FA	worth,	P.A.	. 20872			
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the at only one cause on each if	ine. ulme			,	c or reaptratory arrest	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d										
MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 246. WAS AN AUTOPSY PERFORMED? 1 VES 2 160 0F										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYSI		1 ☐ Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY	3 DOA 4 S	Nursing Nom 28c. INJ			Specify) NIBE NOW INJURY OCCUP	IED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 1	111						
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	nome, rarm, stree	t, metory, ome		City or	ON (Street and Number or Town, State)	Rural Houte Number,			
COMPLETED	onel	AN: To the best of my knowledge, On the basic of examination end									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Sieil 1	nD		29c. LICENSE NU	MBER 830	29d, DATE S	IGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Prin	" R	Perstin	tun	MOZ	1136			
	31. DATE FILED (Month, Day, Year)	Davidson-Paris	b								

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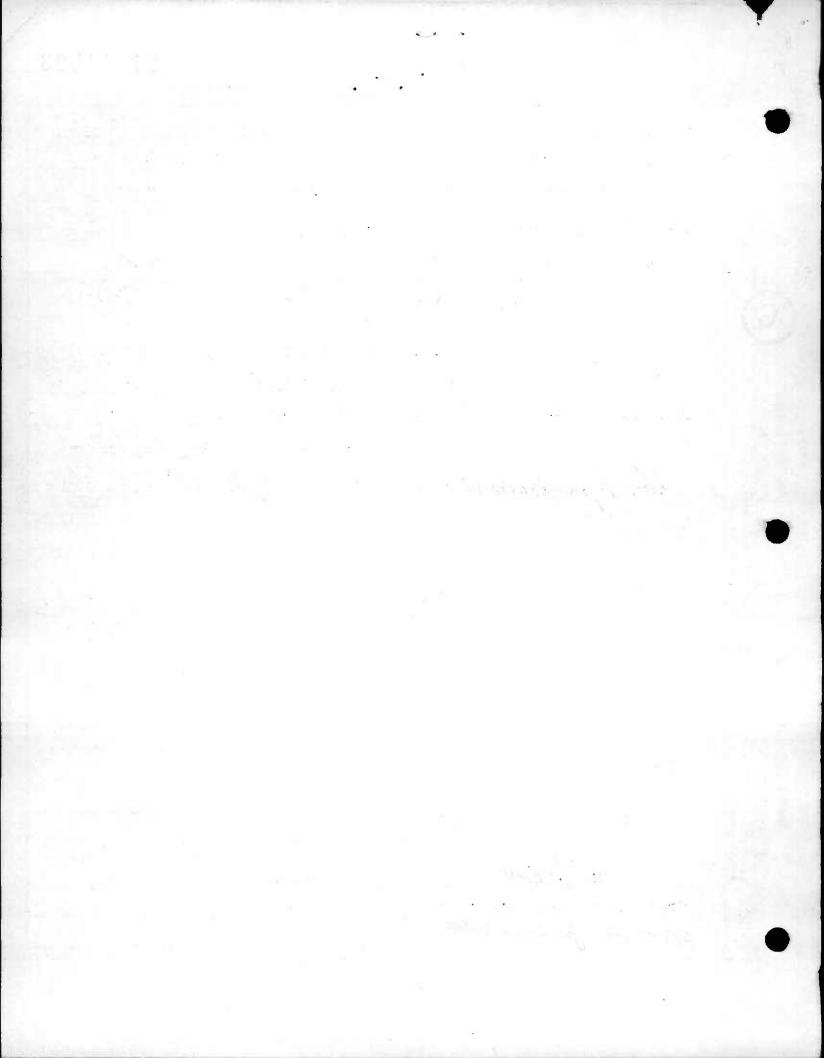
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BALTIMORE, MARYLAND 2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		STATE OF F		/ DEPAR CERTIF					MENTAL	HYGIEN REG. NO		<i>-</i> 1	11450
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O		AY	YEAR	3. TIME OF DEATH
	STANLEY H.	WERTZ								April			991	8:25 A
	4. SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (In yrs.	.,	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH	PLACE (State or Foreign
	366-16-5506	titution also si	1 M 2 F	75	YRS.			OR LOCATI		Feb.	22,	_	Mic	higan
DIRECTOR	Veterans Adr	minist		fedical	Ctr			Poin					Ceci	
S I	10e. STATE	10b, COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland	Mont	gomery			Gait		burg				,		1 YES 2XXNO
FUNERAL	323 Wye Mil.	l Cour	t				10	208				1	S.A	HAT COUNTRY?
ě	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Wildowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES 12—28—42 to 7—2—			NO	If yes, specify Cuben, Mexicen, Puerio Ricen, etc.) Bleck, White, etc.)									
	15. DECE (Specify only	15. DECEDENT'S EDUCATION 16e. DEC (Specify only highest grade completed) (Giv					CEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY							
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Corrective Therapist								V.A. Medical Centers					
Š	17. FATHER'S NAME (First, Middle, Last)							18. MOT	HER'S N	AME (First, Mi	ddle, Maider	Surname)		
	Harold	Harold Wertz						E	dith	n		Tu	mer	
BE	19e. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Numbe	r, City or Tow	vn, State, Zi	p Code)	
임	Mrs. Roberta	a L. W	Vertz		323 V	lye M	i11	Ct.,	Gai	ithers	burg	, Mar	ylan	d 20879
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Mount Olivet Cemetery Frederick, Maj													
	4 Doneston 5 Other (Specify) Mount Olivet Cemetery Frederick, Maryland 22. NAME AND ADDRESS OF FACILITY													
	*Kuth h	m	Robers	ew M	00706						Fune Fre	eral ederi	Home	MD 21701
	23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)	ert fallure.	e. Pneumo	nia	line.		the mo	ode of dy	ing, au	ch as cardi	ec or raap	piratory ar	rest,	Approximate interval Between Onset and Deat
z	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
CERTIFICATION	that initiated events resulting in death) LAST d.													
_	PERFORMED? AMAILABLE PRIOR											WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICA											1 YES 2 X NO OF DEATH?			OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF I	DEATH (C	heck only one)			
200	EXAMINER?		HOSPITAL:	FR/Outputs	3 🗆 804	OTHE	R:							
¥	27. MANNER OF DEATH		28a. DATE O		28b. TII			JURY AT	esidence	8 Other	(Specify)	INJURY OC	CCURED	
		Pending nvestigation	(Month, I	Day, Year)	IN	JURY M		ORK?	□ NO	1				
TED BY	3 Suicide 8 0	Could not be	28e. PLACE (building	OF INJURY — A, etc. (Specify)	t home, ferm,	atreet, fac	tory, offic	ce .			TION (Street Town, State		or or Rural I	Route Number,
COMPLETED	Anni		ICIAN: To the beat of											e) end menner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIEN 29c. LICENSE NUMBER 29d. DATE SIGN							TE SIGNED							
	di. (OF CERTIFIE	_						1660	20		▶	TE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF	er Ve	us um	SE OF DEATH (TEM 27) (Typ	e, Print)			1660	08		>	TE SIGNED	(Month, Day, Ybar)
TO BE	Jun 4	PERSON WH	O COMPLETED CAL	C Perr	y Poir		D 2	MD		08		>	TE SIGNED	(Month, Day, Year)



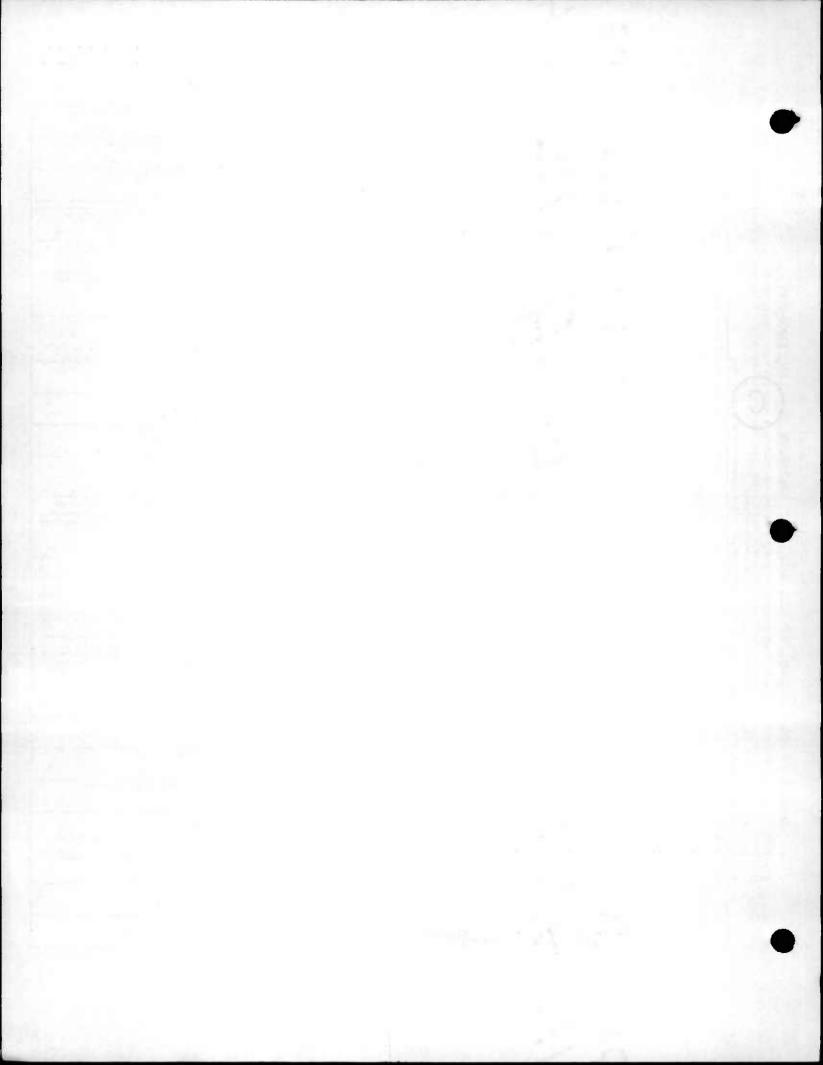
FOR STATE REGISTRAR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DAY	3. TIME OF DEATH						
	Raymond Samuel Wortma		April 9, 19	91 YEAR approxomate							
	4. SOCIAL SECURITY NUMBER 5. SEX 224-28-2253 15/1 M 2	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	41-4-0-14-1							
	· · · · ·	F 6/ YRS.	281 282 283	Sept 9, 199	3 Virginia						
oc.	Se. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF O	EATH	9c. COUNTY OF DEATH Frederick						
5	344 East Third Street		Frederick		Frederick						
DIRECTOR	10e. STATE 10b. COUNTY	100.00	TOWN OR LOCATION		10d. INSIDE CITY						
ā	Maryland Frederick		Frederick		1, TES 2 NO						
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
NEF	344 East Third S		2170		u. s. A.						
F	1 Name Married 2 Married FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico		r No— 14. RACE — American Indian, Black, White, atc.						
ВУ	3 Widowed 4 Divorced	E WARTOR DATES A = 1945	1 TYES 2 TO NO Specif	ly:	Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a, DECEDENT'S U	SUAL OCCUPATION	16b. KINO OF BUSI							
E	Elementary/Secondary (0-12) College (1-4 o	(5+) 1	rk done during most of working retired.)	T.4	Detrick - U.S. Gov'						
MP		Steam 6	mer	rt.	Vertice - 4.5.600						
8	17. FATHER'S NAME (First, Middle, Last) Carl L. Wortman			AME (First, Middle, Melden S	urname)						
BE	19e. INFORMANT'S NAME (Type/Print)		Lenora								
2	Ann Hotchkiss	3630 G	ADDRESS (Street end Number or Plural Lenoble Court,	Jefferson.	Md.						
	20e. METHOD OF DISPOSITION	20b. PLACE OF DISPOSE	TION (Name of cemetery, crematory or		ATION — City or Town, State						
	1 [3] Burlel 2 Cremation 3 Removal from State 4 Donation 5 Dother (Specify)	Resthauen	Memorial Garder	rs	Frederick, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10	22. NAME AND ADDRESS OF FA	ICILITY	er Funeral Home						
	Sharpy) (Amil)	(May)	1621 Ongssur	ntown Pibe	Frederick, Md. 217						
	#3. PART i. Enter the diseases, or complications	that caused the deeth. Do no									
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leeding to immediate Onset and Death DUE TO (OR AS A CONSEQUENCE OF):										
TIFICAT	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
Ä	d										
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing	to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN A PERFORM	IED? AVAILABLE PRIOR TO COMPLETION OF CAUSE						
ME					1 TYES 2 LINO						
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PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		26. PLACE OF DEATH (C								
₹		2 ER/Outpatient 3 DOA DOA SOFT DOA DOA	4 ☐ Nursing Home 5 ☑ Residence OF 28c. INJURY AT	5 Other (Specify) 28d. DESCRIBE HOW IN	HIDY COCHEC						
	1 Aatural 5 Pending (Mon	th, Day, Year) INJU	M 1 YES 2 NO	200. DESCRIBE NOW IN	SONT COCONEO						
BY	2 Accident Investigation 3 Suicide 6 Could not be	E OF INJURY — At home, farm, at	reet, fectory, office	261. LOCATION (Street as	d Number or Rural Route Number,						
TEC	4 Homicide determined	ling, etc. (Specify)		City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the being cone) 2 MEDICAL EXAMINER: On the basis				er as stated. due to the cause(a) and manner as stated.						
	29b. SIGNATURE AND TITLE OF CERTIFIER	11/	29c. LICENSE NU	MBER	29d. DATE SIGNEO (Month, Day, Year)						
BE (CA.	11/	D17	549	· 4/10/91						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED										
5				T							
2	William F. Harper, M. D.		Johnson Vrive,	-reaerick, i	Maryland 21702						
DT.	William F. Harper, M. D. 31. DATE FILED (Month, Day, Your) 32. REGIS	, 182 Thomas I	Johnson Vrive,	reaerick,	Maryland 21702						



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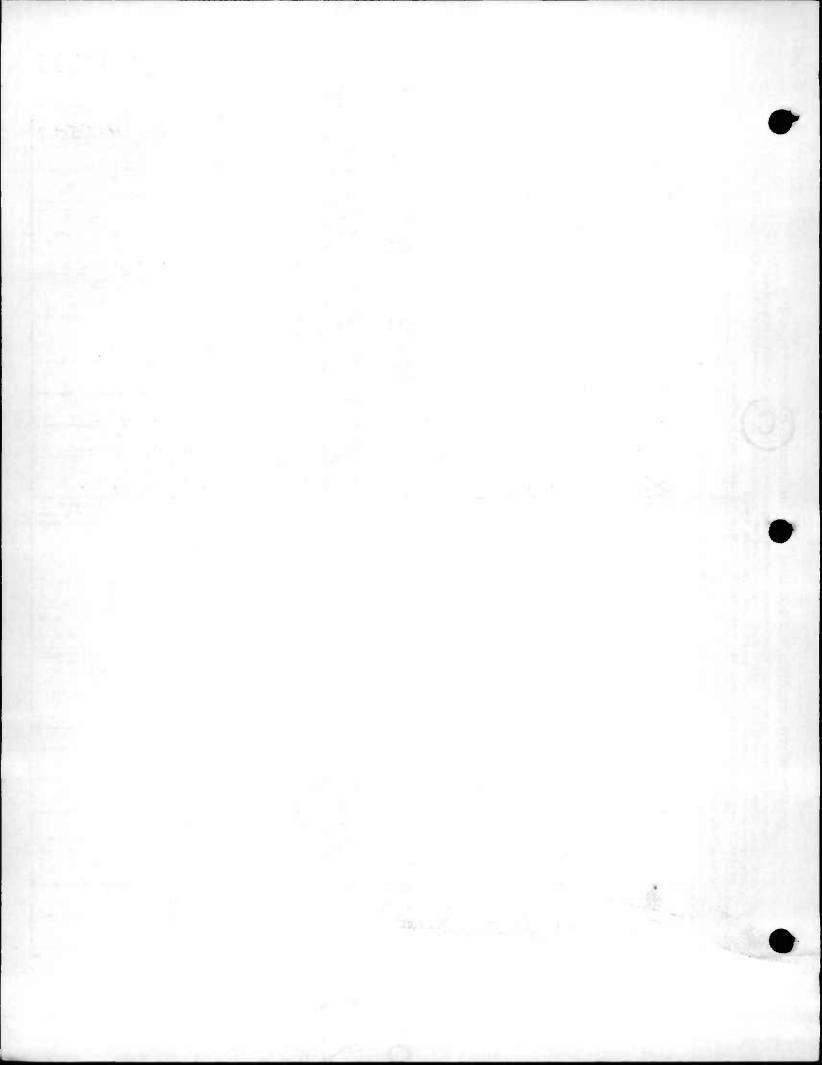
32/AGGISTHAR'S SIGNATURE PONDEDE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH						MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) Robert	Mulli	can	welty				2. DATE OF DEATH DAY		9		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF	IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)		1		
214-10-1841	1 M 2 F	78 YRS.	MONTHS DAY	rs Ho	URS	MIP.	April 20.	1912			
9a. FACILITY NAME (If not institution, give a	96. CITY, TOWN OR LOCATION OF DEATH					9c. COU	NT				

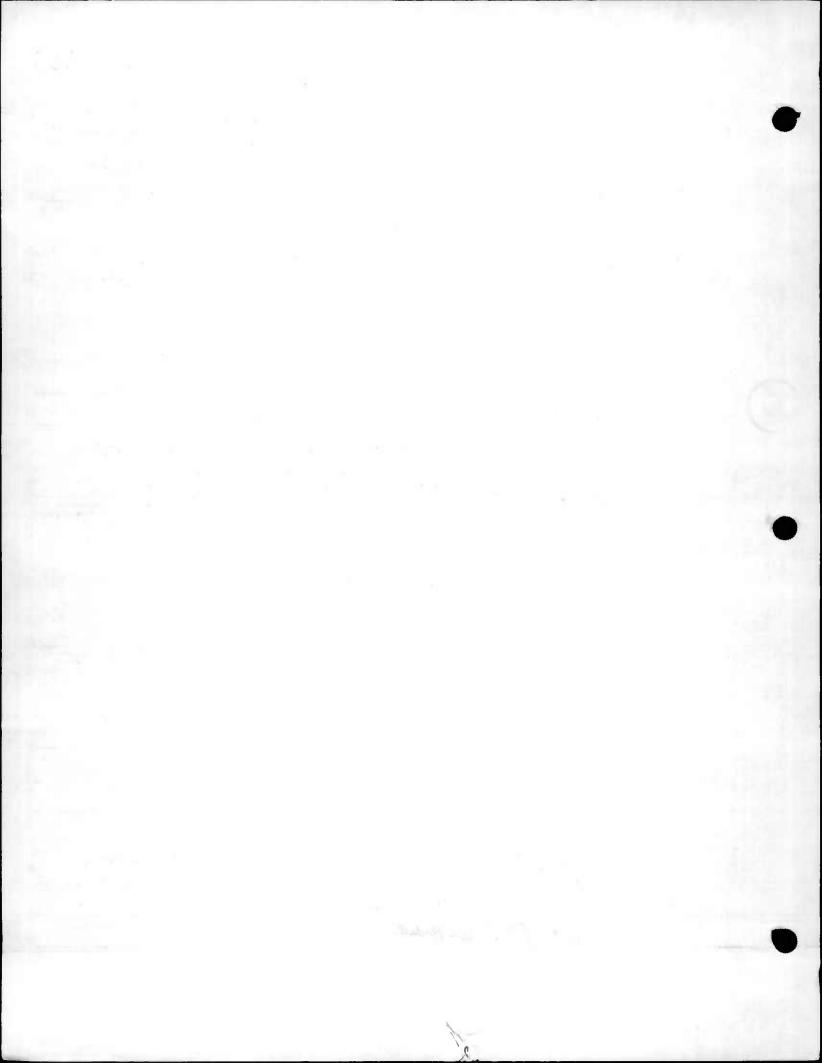
	1. DECEDENT 3 NAME (First, MIDDIE, Cast)					MONTH DEATH	MY 1	YEAR 3. TIME OF DEATH			
	Robert	Mullican		Welty		April 6	19	91 4:55A "			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIFTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)			
	214-10-1841 Se. FACILITY NAME (If not institution, give at	1 M 2 D F 78		MONTHS DAY	S HOURS MIN.	April 20.	1912	Maruland			
	9a. FACILITY NAME (If not institution, give at	reet and number)		96. CITY, TOW	N OR LOCATION OF DE		9c. COUNT	Y OF DEATH			
DIRECTOR	151 Willowdale D	rive		Frede	rederick Frederick						
입	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY			
E	Maryland Free	donich	End	ederic	h			LIMITS?			
	10a. STREET AND NUMBER	<i>teuck</i>	1700	T	10f. ZIP CODE		I son CITIZE	EN OF WHAT COUNTRY?			
FUNERAL	151 Willowdale	Drive			21702			S. A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HISPAN		s or No- 1	4. RACE — American Indian, Black, While, etc.			
BY F	1 Never Married 2 Married	FDRCES? 1 TYES	DATES		epecify Cuben, Mexical rES 2 V ND Specify			Specify:			
	3 Wildowed 4 Divorced	WWII			~		- 1,	white			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U	USUAL OCCUP	ATION	16b. KIND DF BU	SINESS/INDU	STRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 6+)	Ilfe. Do NOT use	retired.)	most of working						
릴	8 years		Brush N	laker		Ox Fil	ber Br	ush Co.			
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)				
	Sowren L. Welty				Rosa M	ullican					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural I		vn State Zio C	(nde)			
2	Mrs. Jennieve We	Ptu			ale Drive,			,			
	20a, METHOD OF DISPOSITION				cometary, crematory or			ty or Town, State			
	1 Burial 2 □ Cremation 3 □ Reme	oval from State				20c. Lt	CATION CI	ty or town, State			
	4 Donation 6 Other (Specify)	ENGEE	Mt. Olive	et Cemo	etery	Free	<u>ierick</u>	. Maryland			
	all signature of Ponetial Service Ele	// -	//1 =	ZZ, NAME	AND ADDRESS OF PA	Stauff	er Fun	. Maryland eral Home			
	Collares)	Doulle	less o	162	1 Opossumt	own Pike,	Frede	rick, Md.			
	23. PART I. Enter the diseases, or o	complications that caus	ed the death. Do n	ot entar the	mode of dying, suc	h as cardiac or resp	iratory errer	st, Approximata			
	shock, or heart fellure.	List only one cause on	each line.					Interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition	Parain	marela					Oliset and Death			
	resulting in death)	I. DUE TO OR AS	A CONSEDUENCE OF	ws.							
	Sequentially list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): LULY										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
F	Cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	3.				-			
Ē	that initiated events resulting in death) LAST	202 10 (0.11)	A CONCESSION OF	<i>y</i> -				i			
览		1									
	PART II. Other significant condition	s contributing to death	but not resulting in	n the underl	ying cause given in	Part I. 24e. WAS A		24b. WERE AUTOPSY FINDINGS			
MEDICAL	metastase	s in the	liver	allist	leave	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
			20.4407	20000		I U YES	2 00 40	OF DEATH?			
						— I		1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIA	EXAMINER?	HOSPITAL:		OTHER:	L PLACE OF DEATH (Ch						
YS	1 Tes 2 No	1 Inpatient 2 ER/Ou			Home 5 Residence						
H	27. MANNER OF DEATH 1 Natural 6 Pending	(Month, Day, Year)		URY	INJURY AT WORK?	26d. DEŞCRIBE HOW	INJURY OCCU	IRED			
B₹	2 Accident Investigation	NO	ne -		YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, a pecify)	treet, factory, o	office	28f. LOCATION (Street City or Town, State		r Rural Route Number,			
E	4 Homicide determined		_		-						
7	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my kno	owledge, death occurre	d at the time,	date and place, and due	to the cause(a) and me	inner as states	í.			
COMPLETED								cause(a) and manner as steted.			
	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI						
BE	than 11	1	non			063	DATE S	SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	SEATH (ITEM OF CT	Delett	010	007		7 7 91			
	A. MAJEGO. M.	Soi 7	TOLL HOU	SE AU	E FRE	DERICK	mD.	21701			

DHMH-16 Rev 1/89



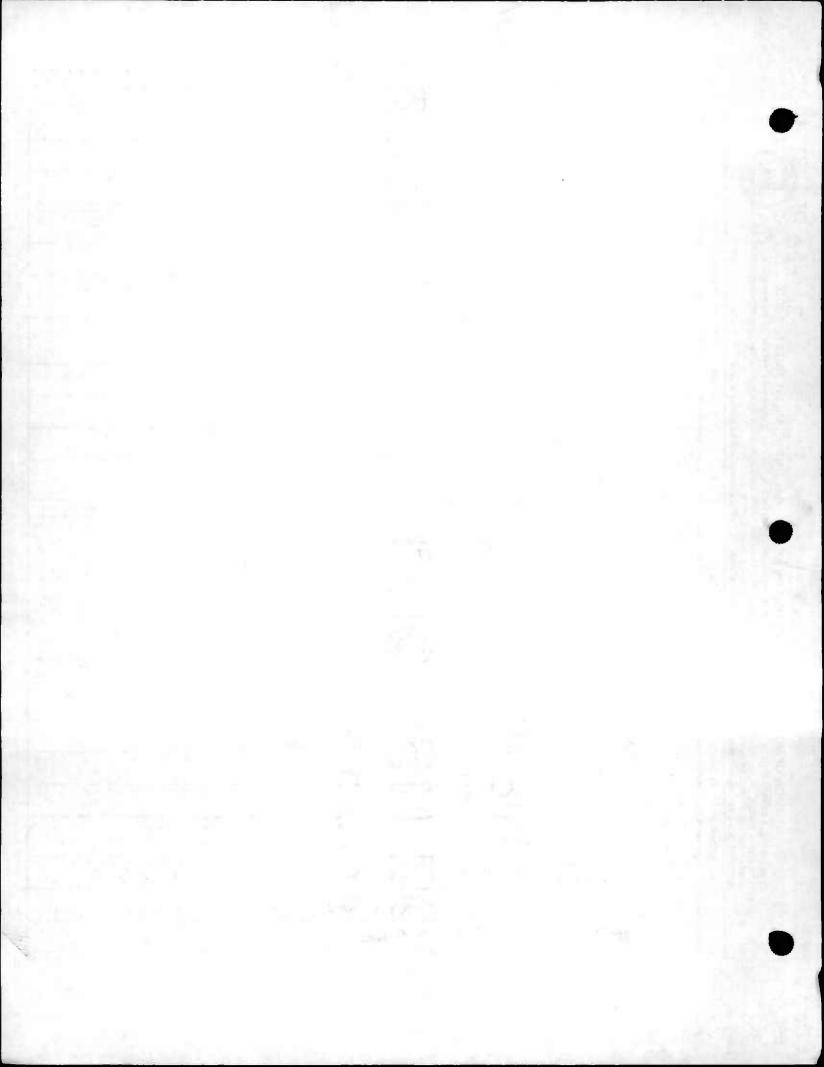
son affine hos	shoulde detach	tified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.1 nours after death. Page 6 mm to the property of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. In the second of the second of the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	shows any injury, or other traumatic
ITAL DR ATTENDING PHYSICIAN: The law r	AAL DIRECTOR: After this certificate has be 72 hours after death with the State Dept.	If Item 28 is marked, or Item 23 s
TO THE HOSPI	TO THE FUNER be filed within	IMPORTANT

	FOR 1 - STATE REGISTRAR	STATE OF M					DEAT		MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Las	Domother				-	DEA		2. DATE OF DEA	TH		3. TH	ME OF DEATH
	DOROTI-	15 Dorothy	Wood	401	WILL	SOM			Arril	3	199		305 A "
1	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT	H er)	6. BIR	THPLACE	(State or Foreign
	579-22-6431	1 🗌 M 2 💢 F	88	YRS.					Aug. 28			_	ton, DC
œ	9a. FACILITY NAME (If not institution, give						R LOCATI	ON OF D	EATH		OUNTY OF		
<u>E</u>	Frederick Memori		al		Fi	redei	cick				rede	rick	C
DIRECTOR		Db. COUNTY			Y, TOWN							10d. I	NSIDE CITY
		rederick]	rede	eric	ζ					1 🗆	YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD			10g.	CITIZEN OI		OUNTRY?
N N	7040 Basswood Ro	12. WAS DECEDENT	EVED IN ILC. ADD	150	140	NEC DEC	217		NIC ORIGIN? (Speci		U.S.		
BY FU	1 Never Married 2 Married 3 X Widowed 4 Divorced		YES 2 XN		13.	If yes, sp		n, Mexica	in, Puarto Rican, at		Bi	ack, White	narican Indian, a, etc. Vhite
COMPLETED	15. DECEDENT'S EC (Specify only highest gra		16a, DE0	CEDENT'S	USUAL C	CCUPATIO	ON at of workli	na	16b. KIND O	F BUSINESS	INDUSTRY	,	
9	Elamentary/Secondary (0-12)	College (1-4 or 5+)			daning inc	st of workli	<i>'8</i>	D-1-			TT 3	2-1-1
₹	8+h 17. FATHER'S NAME (First, Middle, Last)			ler	ICal					il Sto		WOOO	ıy's)
BE CO	John Henry	y Wood						eva Eva	AME (First, Middle, M	alden Surnam	Padg	ett	
10	19a. INFORMANT'S NAME (Type/Print) Mr. John B. Alt	mann, Sr							Route Number, City o				20904
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO				_		c. LOCATION			
	1 Donation 5 Other (Specify)	movel from State	other pla		Hi1	L_Cer	neter	v		Suit1a	and,	Mary	land
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-0.				NO ADDRE				7 7	Tomo	
	Keth hom	Kobers	en MC	0706	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	eney	st (hur	ord P.A. ch St., :	rune: Frede:	cick,	Md	21701
	23. PART I. Enter the cheases, o shock, or heart failure	complications that	caused the de	ath. Do	not ente	r the mo	ds of dy	ing, suc	ch as cerdiec or	respiretory	errest,	1	Approximete Interval Batween
	IMMEDIATE CAUSE (Final												Onset and Death
	resulting in death) a. Due TO (OR AS A CONSEQUENCE OF):												
_	disease or condition resulting in death) a. RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	in any, recording to minimental												
\ \ \ \	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						,	,				
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	WENCE C	OF):								
监	resolung in death) Exst	d											
	PART II. Other aignificant conditi	ons contributing to	death but not re	esulting	In the u	nderlyln	g cause	given in	Part I. 24a. W	AS AN AUTOP	SY 2		AUTOPSY FINDINGS
SICAL										ES 2 NO		COME	ABLE PRIOR TO PLETION OF CAUSE EATH?
ME													YES 2 NO
											1		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			heck only one)				
₹	1 YES 2 DANG 27. MANNER OF DEATH	1 I Impatient 2 28a, DATE OF		DOA 28b. TH		v	URY AT	esidence	6 Other (Specification of the Control of the Contro		OCC IBEO		
BY PI	1 Militural 5 Pending	(Month, De	ny, Year)	IN	JURY	WC	PRK? YES 2 [] NO	200, DESCRIBE	TOW MOUNT	OCCURED		
ED B	3 Suicide 6 Could not b	28e. PLACE Of building.	F INJURY — At he	me, farm,	street, fa	ctory, offic	a ·		'261. LOCATION (S City or Town,		nber or Rur	al Route I	lumber,
	4 Homicide determined		(ony or rown,	O(BIO)			
COMPLET		YSICIAN: To the best of	my knowledge, de	ath occur	red at the	time, data	and place	, and du	a to the cause(a) ar	nd manner as	stated.		
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and of									ca, and dua	to the cau	ee(a) and	menner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIF	JER M	1				_	ENSE NU		29d.	DATE SIGN	ED (Mont	h, Day, Year)
O SULVA AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Tem Bird)							3/9	/					
	30. NAME AND ADDRESS OF PERSON	V									1		
	George 1. Smith	1, UT., M.	D., 310	west	Nir	nth S	stree	et, I	rederic	c, Mai	ylan	d 2	21701
	George I. Smith 31. DATE FILED (Month, Day, Year) APR () 4 19	91 Julia D	avidson-18	ndell	-								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shouls		MEDODIANT. If hem 26 is marked on Hem 23 shows any Injury or other fraumatic event the medical examiner must be notified
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보 도	E	1	A.L.
Ξ	품	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	200
2	2	28	8

	REGISTRAR			HIIF	ICALE	UF	DEAL	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			-					2. DATE OF	DEATH		3.	. TIME OF OEATH
- 1	FRANK WIF	DERHOLD							MONTH	2 1		YEAR 991	0.06 · M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last	hirthclass)	thday) IF UNDER 1 YEAR IF UNDER 24 HRS.							9:06 a.m. M	
		10.00	-11-11-11-11-11-11			DAYS	HOURS	MIN.	(Month, Di			Country)	
	214-09-5022	1 🔀 M 2 🗆 F	81	YRS.					Mar.31	.191	0	Mary]	land
	9a. FACILITY NAME (If not Institution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATIO	ON OF OE	ATH		9c. COUN	TY OF DEAT	
œ	THE TOUNG HODY	TMC HOCKT	TI A T		DATE	DTM							_
61	THE JOHNS HOPK	INS HUSPI	IAL		BAL	LTMC	ORE C	TTY			BAL	TIMOR	E
DIRECTOR	10a. STATE 10b. COUNTY	1		10c, CITY	Y, TOWN OF	R LOCAT	ION					10	Dd. INSIDE CITY
E	Maryland Wash	ington		MA 1	lliam	cno	v+						LIMITS?
		riigton		W I	HIIdii	_							X YES 2 NO
₹	10e. STREET AND NUMBER					101	ZIP CODE	-			10g. CITIZ	ZEN OF WHA	AT COUNTRY?
BY FUNERAL	6 Peach Tree La	ane				1	21	795			U	JAS	
3	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. ARI	MED	13. W	AS DEC	ENOENT C	F HISPAN	IC ORIGIN? (S	Specify Yea	or No-	14, RACE -	- American Indian, White, etc.
IL.	1 Never Married 2 🖔 Married	FORCES? 1	YES 2 N	0					n, Puarto Rica	in, atc.)			White, etc.
۱۵	3 Widowed 4 Divorced	IF YES, GIVE WA	"WWI'I		'	☐ TES	2 X NO	Specify				Specify:	nite
	15. DECEDENT'S EDU			CEDENTIE	USUAL OC	OUDATIO	241		T 401 W	10.05.5110	INESS/INO		irte
ш	(Specify only highest grade	completed)	(GA	ve kind of v	work done di se retired.)	uring mo	st of working	ng	100. Kil	ND OF BUS	INESS/INU	USINI	
"	Elementary/Secondary (0-12)	College (1-4 or 5+)									_		
6			A:	ssess	sor					tate	Gove	rnmer	nt
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAI	ME (First, Midd	ile, Maiden	Sumame)		
	Jacob	С.	Wiederh	hold				Lou:	ise			Heim	n
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS	/Ct	and More to		Route Number,	Chu T-	Chair W		
2	A.June Wiederhold	4										,	
		u	distribution of	o Pea	ach i	ree	Lane	e w	illiam	ispor	t,MD	21/95)
- 1	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ram		20b. PLACE						DATE	20c. LO	CATION — C	City or Town	, Stata
	4 Donation 5 Other (Specify)	Over from State	Green.	awn	Memo	ria	1 Par	ck	1	Wil:	liams	port.	MD 21795
- 1	21. BIGNATURE OF FINEBAL BEINGE LIC	ENSEE	-						CILITY			, p c . c ,	110 21730
- 1	11/1/2001/1/	111			08	BOR	NE F	unera	al Hor	ies			
	11169 1101	1/1/m			P.	0.B	ox #	348	Willi	amspo	ort	Md 21	795
	23. PART I. Enter the diseases, or o	complications that	caused the de	eth. Do r									Approximate
	ahoek or heart failure.	List only one ceus	e on each line.					mg, cao	ii de caidici	or roopii	otory and		Interval Between
	IMMEDIATE CAUSE (Final	٨											Onset and Death
- 1	disease or condition resulting in death) a. KENAL FAILURE								3 4000				
	DUE TO (OR AS A CONSCOUENCE OF):												
- 1	COAMILAN LATORY NISTAGE									VOLAP			
CERTIFICATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								100017				
F	if any, leading to immediate cause. Enter UNDERLYING	DY	PX-0016							I DIT			
5	CAUSE (Disease or Injury	c 703	OR AS A CONSEC										1 4000
13	that initiated events resulting in death) LAST	DUE 10 (A .			110.	. 0						
1	resulting in death) CAST	d. CH	PSINE	ALV	4410	144	MI						
2	DART II OAL - Janificana and district	a a sea to the sale of the											
MEDICAL	PART II. Other significant condition	s contributing to	seeth but not n	esulting	In the und	derlyin	g cause	given in	Part I. 24	a. WAS AN			YERE AUTOPSY FINDINGS
5									1	YES 2		0	OMPLETION OF CAUSE
									_ `		200	_	YES 2 NO
				-		-			—			_ '	TES 2 NO
PHYSICIAN:													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF D	EATH (Ch	eck only one)				
S	1 TES 2 NO	1 inpatient 2	ER/Outpetient 3	□ DOA	OTHER		ne 5 🗆 Ri	sidence	6 Other (S	Specify)			
≟	27. MANNER OF DEATH	28a. DATE OF		26b. TIM	E OF	28c. IN.	JURY AT		28d. DESCR		NJURY OCC	CURED	
	1 Natural 6 Pending	(Month, Da	y, Ybar)	INJ	JURY		PRK?	7 40					
B	2 Accident Investigation					_		_ NO					
	3 Suicide 8 Could not be	28e. PLACE OF building, a	INJURY — At hor tc. (Specify)	me, farm,	street, facto	ory, offic				ON (Street a lown, State)	and Number	or Rural Rou	ite Number,
E	4 Homicide determined												
	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the heat of	mi knowledne de	eth engues	and an observati	- 404	and alass	and due					
₹	one)												
COMPLET	2 MEDICAL EXAMINE	On the basis of ax	minimized and/or i	rrveatigatio	en, in my of	pinion, c	seath occu	red at the	time, data an	d placa, an	a dun to the	e cause(a) a	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R		۸	-0		29c. LIC	ENSE NU	MBER		29d. DATE	E SIGNED (A	Aonthy- Day, Year)
H	10m 6110	us 1	181/CM	RO	3100	97UT						4/21	191
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	F OF OFATH STEE									11 21	/ 1/
	A 4		CALL A	# 41) (Type	(La C	11	4.11.0	11.8	111	1	4		
		Mubil	MO	JUL	INS	CHOT	KINZ	(101)	PITAL	15/	Mu	uores	, (40)
	31. DATE FILED (Month, Day, Mar)	32. REGISTRA	l's SIGNATURE	מל							1, 1		/
	ADD 22 '41	CH.	WO . JIO MAIA.	-A - /A/24	md = 00								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

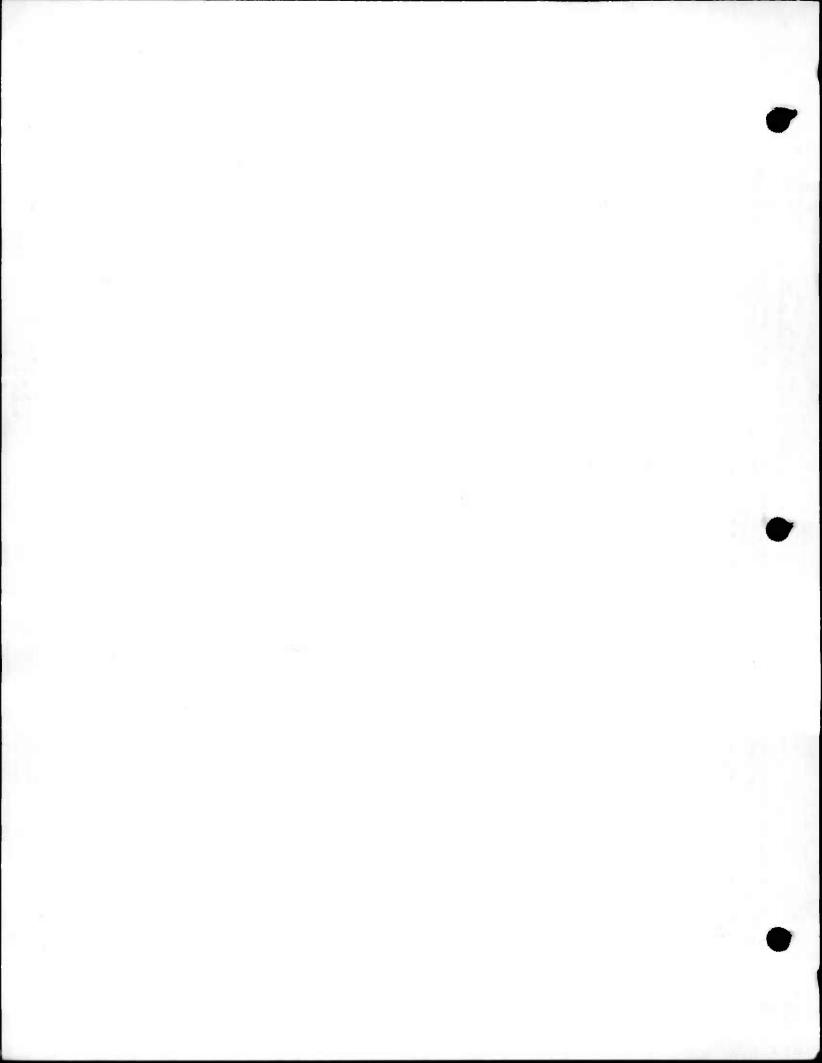
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	
1	STATE	
	DECISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

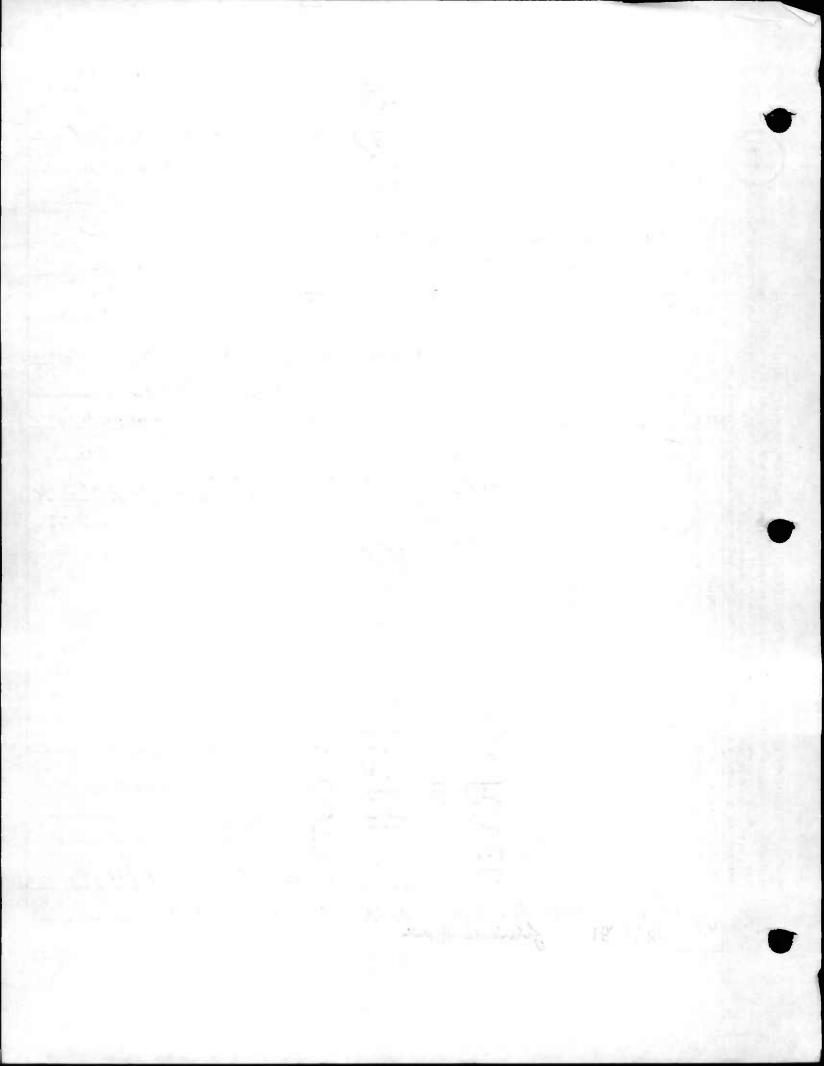
	REGISTRAR		CE	ERTIFI	CATE C	OF DE	ATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			_				2. DATE OF	DEATN			3. TIME OF DEATH	
	RENNIE	тт	LDON		WOI	.FE		04 -	0.6	AY -	YEAR 91	0.56	АМ
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t hirthday)	IF UNDER 1 YE		NDER 24 HRS.	7. DATE OF			- AMA	9:56	
		1 M 2 X F		YRS.	MONTHS DAY			(Month, De	sy, Year)	000	Count	ry)	ngri
ı	213-22-7468		91	THO.				MAR.	21,1	_		RGINIA	
	9a. FACILITY NAME (If not institution, give st	treet and number)		1	9b. CITY, TOV	WN OR LO	CATION OF DE	ATN		9c. COL	INTY OF D	DEATN	
DIRECTOR	Salisbury Nurs	ing Home			Sa	lisb	irv			[[licon	nico	
ξl	RESIDENCE OF DECEDENT												
# H	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LO							10d. INSIDE CITY LIMITS?	
<u> </u>	MARYLAND WI	COMICO			SALIS	BURY						1 YES 2 1	10
ا ہے	10e. STREET AND NUMBER					10f. ZIP (CODE			10g. Cl1	IZEN OF	WNAT COUNTRY?	
FUNERAL	701 PARKWAY AVEN	ना।					21801				1	JSA	
Ž	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	12 WAS	DECENDE	NT OF NISPAN	IIC OBIGINZ (S	Concilly Voc	or No-		E — American Indies	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 X	10	If yes	e, specify (Cuben, Mexica	n, Puerto Rica	n, etc.)	01110-	Blac	k, White, atc.	"1
B	3X Widowed 4 Olvorced	IF YES, GIVE V	WAR OR DATES		1 🗆	YES 2 Z	NO Specify	<i>r</i> :			Spec		יחי
	15. DECEDENT'S EDU	DATION	40. 05					I			1	WHIT	.E
쁘ㅣ	(Specify only highest grade		168, OE	ive kind of w	USUAL OCCUI vork done during e retired.)	g most of w	vorking	16b. KII	NO OF BU	SINESS/IN	DUSTRY		
5 1	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
COMPLETED	UNK	UNK	(OPERA	TOR				TE.	LEPH	ONE	COMPANY	
ğΝ	17. FATHER'S NAME (First, Middle, Last)					18. 1	MOTHER'S NA	ME (First, Midd	de, Melden	Sumame)			
	OSCAR TI	LDON	HO	OWARD)	j	RENNIE	E F	LORE	NCE	В	ARNES	
B	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Str	reet end Nu	mber or Rural I	Route Number,	City or Tow	n, State, 2	ip Code)		
임	MARY BELL WIMBROW	-DAUGHTE	R I	RT 8.	BOX	176,	SALISI	BURY,	MD	2180	1		
	20- METHOD OF DISBOSITION /	/0/01			SITION (Name o				_	OATION	010	own, State	
ı	20a. METHOD OF DISPOSITION 4/1X Burlal 2 Cremation 3 Rem	oval from State	other pi	ece)									
	4 Donation 5 Other (Specify)		_ WICOI	MICO	MEMOR]				SA	LISB	URY,	MD	
	21. SIGNATURE OF ECIMERAL SERVICE LIK	TENSEE /			22. NAM H∩I.I	AE AND AD	FUNE	CILITY RAI. HO	ME P	Δ			
- 1	XMON!	100 lbn	ml				HILL		-		MD	21801	
	23. PART i. Enter the diseases, or	0 400										Approxima	
	ahock, or haert fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ce	celle	al al	Carl			_				interval Ba Onset and	tween
	DUE TO (OR AS A CONSEQUENCE OF):												
z	Carrantelle lles and lles C. b. Label es												
윤ㅣ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):											
3	cause. Enter UNDERLYING	c.	den	·en	for	-							
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
눈ㅣ	resulting in deeth) LAST											ļ	
빙		d											
EDICAL	PART II. Other aignificant condition	e contributing to	deeth but not	reauiting	in the under	rlying cau	ise given in		PERFO	RMED?	24	b. WERE AUTOPSY FII AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	ro
								I				1 YES 2 N	10
ij١													
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITTI				28. PLACE	OF DEATH (Ch	eck only one)					
S	1 YES 2 A-NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER: 4 - Nursing	Home 5	Residence	8 Other (S	Specify)				
PHYSICIAN: M	27. MANNER OF DEATN	28e. DATE O	FINJURY	28b. TIM	E OF 280	c. INJURY		28d. DESCR		INJURY O	CCURED		
	1 Natural 5 Pending	(Month, I	Day, Year)	INJ	JURY M 1	WORK?	2 NO						
B	2 Accident Investigation	28a PLACE	OF INJURY — At he	ome form				284 LOCATI	ON /Ctmat	and Mumb		Route Number,	
입	3 Suicide 6 Could not be 4 Nomicide determined	building	, atc. (Specify)	orne, rarm,	street, factory,	Office			Town, State		er or Hural	rioute Number,	
ш													_
COMPLET	29e. CERTIFIER (Check only one)												
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end pieca, and due to the cause(a) and menner								(a) and menner as st	ated.				
S I	296. SIGNATURE AND TITLE OF SERTIFIE					29c	LICENSE NUI	MBER		29d. D/	TE SIGNE	D (Month, Day, Year)	
m	11/1/19	1.0					02	974	9	•	41	8/81	
임	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAL	JSE OF DEATN //TE	M 27) (Topo	. Print)				\leftarrow		1	4//	
				-		1 .	10.7				/		
	William Robins	1104 Hea	AR'S SIGNATURE	urive	Salis	sbury	, Md.	21801					
5	31. DATE FILED (Month, Day, Year)	Lika No	AR'S SIGNATURE	4.12									



	0 070
	1 - FOR STATE REGIST
	1. DECEDENT
	9a. FACILITY
TOH	PENI
DIRECTOR	10a. STATE
FUNERAL	10e. STREET
BY FUN	11. MARITAL S 1 Never Mo

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	TE OF	DEATH	REG. N	10.	
	1. DECEDENT'S NAME (First, Middle, Last)		,		2. DATE OF DEATN	DAY YEAT	3. TIME OF DEATH
	1985518	1	WIN	BER	CLPRIL	10 199	1830 M
ij.	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	5/20/78 6. BH	RTNPLACE (State or Foreign
1	719-14-3846 10H2 XF 991	12 yrs. Mon	HE DAYS	HOURS MIN.	(Month, Day, Year,	1892 Co	untry)
	9a. FACILITY NAME (If not institution, give atreet and number)		CITY TOWN (OR LOCATION OF D	1 11 1 1	9c. COUNTY O	F DEATH
æ		30.				WICOM	
2	PENINSULA GENERAL HOSPITAL		SAL	ISBURY		WICOM	100
DIRECTOR	10a. STATE 10b, COUNTY	10c. CIPY, TO	VN OR LOCA	TION			19d. INSIDE CITY
뜻	md Warphostee	130	plin				1 D-VES 2 NO
	10e, STREET AND NUMBER	1 24	100	. ZIP CODE		100 CITIZEN C	F WHAT COUNTRY?
FUNERAL	Qt 11 By 1185		1,0	. ZIF GODE		/ /	60
빌	P1 4 DA 700				DE LE SUI SEUL	1 0	·D.14
3	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	NO			NIC ORIGIN? (Specify an, Puarto Rican, etc.)	Yea or No- 14, R	ACE — American Indian, lack, White, etc.
B	3 Midowed 4 Divorced		1 TYES	2 NO Specif	ty:	S	pecify: RIV
		1					VIIC
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work of life. Qo NOT use retir	one during mo	ost of working	16b. KIND OF	BUSINESS/INDUSTR	Y
ا ۳	Elementary/Secondary (0-12) College (1-4 or 5+)		est.		Wit	al 111.	+1 Rusines
₽ E	112	4001	6211		1/01	C/ / 140	IS MANUES
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NA	AME (First, Middle, May	Ton Surndme)	
BE	1, SIER PARKER			SHK	An F	HKKER.	
	199. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street	and Number or Rural	Route Number, City or		
임	Lorgetta Stephens	1.0 BN	811	168 N. S	20 St. /NI	heatky H	EIGHTS NY11798
	20a. METHOD OF DISPOSITION 20b. PLA	CE AND DATE OF	DISPOSITION	(Name		LOCATION City o	
	1 Burial 2 Cremation 3 Removal from State	ary, crematory or of	her place)	bank Com	#4-15-91	ranshin	· m
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE	11000	22. NAME A	NO ADDRESS OF F	ACILITY	TOISHIP	2,110
	1) 11 1	'	Fred	1 Fred	eral Aks	rej	4
	Kussell foots		10	1P.O.	BX 1574	Saliste	My pel 3/83/
	23. PART i. Enter the diseases, or complications that caused the	deeth. Do not e	nter the mo	ode of dying, su	ch ss cardlec or re	spiratory srrest,	Approximate
	shock, or heert fellure. List only one cause on each if	ine.			97)		interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	in Lle	ant		Source.		
ŀ	resulting in deeth) a. DUE TO (DR AS A CON)	SEQUENCE OF	1- (yer	- Cur		
_ 1	_						
CERTIFICATION	Sequentielly list conditions, DUE TO (OR AS A CON-	SEQUENCE OF					
F	if any, leading to immediate couse. Enter UNDERLYING	- LT TENTOE OF J.					
임	CAUSE (Disease or injury	SEQUENCE OF					
Ē∣	that initiated events resulting in deeth) LAST						
点	d						
	PART ii. Other aignificant conditions contributing to death but no	ot reaulting in th	e underlyin	g ceuse given ir	Part i. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL			-11111		PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 Q YE	8 2 🗌 NO	OF DEATH?
ž						- 1	1 TYES 2 NO
ij١							
<u></u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (C	heck only one)		
Š	EXAMINER? 1 ☐ YES 2 NO HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient		HER: Nursing Ho	ne 5 🗆 Residenca	6 Other (Specify)		
PHYSICIAN: M	27. MANNER OF DEATH 26s. DATE OF INJURY	28b. TIME OF	28c. IN	JURY AT	28d. DESCRIBE NO	W INJURY OCCURE	D
2	1 Natural 5 Pending (Month, Day, Year)	INJURY	M 1 🗆	ORK? YES 2 NO			
B	2 Accident Investigation 3 Suicide 5 Could get be 26s. PLACE OF INJURY — At	1 home, farm, street	, factory, offi	.077	26f, LOCATION (Sh	eet and Number or Ru	ıral Route Number.
	4 Homicide detarmined building, etc. (Specify)				City or Town, S	tate)	
COMPLETED	And OFFICIER						
릴	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge.	, death occurred at	the time, dat	a and place, and du	ia to the cause(a) and	manner as stated.	
8	one) 2 MEDICAL EXAMINER: On the beals of examination and	/or investigation, in	my opinion,	death occured at th	e 1lme, data and place	, and dua to the cau	see(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NO	JMBER	29d, DATE SIG	MED (Month, Day, Year)
H	Buigness H Mee	/		DRA	743	D4	112/91
ဍ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	TEM 27) (500 000	Pl	200	743 , md, s	/	1-11
	TOME NITURES OF PERSON WITO COMPLETED CAUSE OF DEATH (} = = 21) (Type, Prin	-15	1.1	m-1 -	W Va I	/
7	Benjamin H. Meyer Quiney &.	Locusta	T. 0	2/isbury	1,10'	7801	
レー	31. DATE FILED (Mogith, Gay (par) Pr. REGISTRAR'S SIGNATURE FILED CHILD PRINCE	E 4.00		1			
١	APR 16 91 Fisher Davidson-10	unose lor-					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
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R Ail	IREC	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	FOR 1 - STATE REGISTRAR	STATE OF N				HEALTH AI		ENTAL HYGIEN REG. NO.	E	91 11500	
	1. DECEDENT'S NAME (First, Middle, Lest) AGNES	Annie WHITEHE			AD	2. DATE OF DEATH MONTH LI - [3 - 9]			YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213 - 74 - 8388	5. SEX 6. AGE (In yrs. lest birthdey) 1 M 2 F 9 0 YRS.			IF UNDER 1 YEAR		MIN.	May 17,	8. BIRTHPLACE (State or Foreign Country) Maryland		
CTOR	9a. FACILITY NAME (If not institution, give street and number) Greater LAurel Beltsville Hospital RESIDENCE OF DECEDENT				9b. CITY, TOWN OR LOCATION OF DEATN Laurel			Prince George			
L DIRECTOR	The state of the s	uryland Prince George Law						10d. INSIDE CITY LIMITS? 1 Yes 2 No 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11701 Laurel Bowie Road				20708				u.s.A.		
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 2 NO IF YES, GIVE WAR OR DATES			13. WIS DECENDENT OF NISPANIC ORIGIN? (Specify Ye If yes, specify Cuben, Maxican, Puarto Rican, atc.) 1 YES 2 X NO Specify:			es or No— 14. RACE — American Indian, Black, Whita, atc. Specily: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Grade 7 16a. DECEDENT'S (Give kind of life. Do NOT a life. Do			kind of w	work done during most of working se retired.)			Home	KIND OF BUSINESS/INDUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Arnold Lammers Mary Otten										
٩	19a. INFORMANT'S NAME (Type/Print) Dorothy Hedrick		11	701	Laurel	Bowie	Roa	nte Number, City or Tow d, Laurel		ryland 20708	
	29r. METNOD OF DISPOSITION 1/\(\) Burial 2 \(\) Cremation 3 \(\) Ram 4 \(\) Donation 5 \(\) Other (Specify)	0	20b. PLACE OF St. MC	ry'	s Cemer			Lau		City or Town, State Maryland	
	21. SIGNATURE OF PUNERAL SERVICE US	Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel. Maryland 20707						ruland 20707			
	23. PART I. Enter the disease or or or shock, or heart fallure. IMMEDIATE CAUSE (Finel			h. Do n	ot enter the r	node of dying	j, such a	as cardlec or resp	iretory a	rrest, Approximate Interval Between Onset end Deeth	
	disease or condition resulting in deeth)			sulmusis				yrs			
NOIL	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OR AS A CONSEQUE	cardica arshythmia Da BASA CONSEQUENCE OF: hy hatm In tesh obstudin Day						under Days		
ÄL	PART II. Other significent condition	s contributing to	death but not rea	uiting i	n the underly	ing ceuse giv	ven in Pa	24a. WAS AMPERFOL	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
PHYSICIAN: MEDIC	1 YES 2 NO										
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Propertient 2 ER/Outpertient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ РН	27. MANNER OF DEATN 1. Naturel 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L		26b. TIMI INJI	URY	NJURY AT WORK? YES 2 2		28d, DEŞCRIBE HOW	NJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)			e, farm, s	street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only and manner as stated. 29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BEC	296. SIGNATURE AND TATLE OF CERTIFIE	m C.	50			29c. LICENS	SE NUMBI	1998	29d. DA	ATE SIGNED (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2D (Type, Print)

APR 1 5 91



